

**Bas Melech Performing Arts Center INC.  
Assumption of Risk, Waiver of Liability and Medical Authorization  
Form**

As parent or legal guardian of \_\_\_\_\_ (“Child”). I understand that that there are potential dangers incidental to my child’s participation in this program, some of which may be dangerous and which may expose my child to the risk of personal injuries, some of which could be serious or even life threatening. Being fully aware of these dangers, I knowingly and voluntarily consent to the participation by Child in this program and assume and accept all such risks.

In consideration for allowing Child to participate in the program, I, on my behalf and on behalf of Child and our respective heirs, administrators and assigns, hereby agree not to bring any claims against Bas Melech Performing Arts Center Inc., Rivka A. Goldberg, or any agent of the program, arising from any and all damages or injuries suffered by Child including, without limitation, those damages or injuries resulting from acts of negligence on the part of Bas Melech Performing Arts Center Inc., Rivka A. Goldberg or any agent of the program.

In the event of an emergency, I would like Child to be taken to a hospital for medical treatment, if appropriate, or treated by an emergency medical technician, including but not limited to a trained member of Hatzalah of Baltimore, and I hold Bas Melech Performing Arts Center Inc., Rivka A. Goldberg and any agent of the program harmless in their execution of this action. Additionally, I hereby agree to indemnify Bas Melech Performing Arts Center Inc., Rivka A. Goldberg and any agent of the program against any costs that it may incur as a result of seeking such medical attention on behalf of Child.

I have read and understood this assumption of risk, waiver of liability and medical authorization and I voluntarily affix my name in agreement.

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Child’s Date of Birth

\_\_\_\_\_  
Parent/ Legal Guardian

\_\_\_\_\_  
Date

Any Medical Conditions or allergies of which we or a medical provider should be aware \_\_\_\_\_

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