



# HC PLUS Apprenticeship Development Release Waiver

Name:	Phone:
Address:	Email:
Emergency Contact:	Relationship:
Phone:	Email:
Medical History (Please list all injuries, surgeries, or medical restrictions):	

Harmonic Connections PLUS (HC+) Apprenticeship Development. I voluntarily release and forever discharge HC+ from any and all liability, claims, actions, or rights of action which are in any way related to the registrant's participation in the program activities. I agree to indemnify and hold HC+ harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant's participation in Apprenticeship Development activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against HC+ arising from the registrant's participation in Apprenticeship Development activities.

By attending the HC+ Apprenticeship Development, you will be participating in a program where photography, video and audio recording may occur. Your attendance and participation in the event signifies your acceptance of this, and release HC+ from any liability, payment or royalties in connection with the capture, reproduction or distribution of the images, video or audio by HC+ as it deems fit.

In case of emergency, I understand every reasonable effort will be made to contact the parents or guardians of minor registrants. However, if the parents or guardians cannot be reached within a reasonable time period under the circumstances, or if I, the below signed registrant am 18 years of age or older, I hereby give HC+ permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I release HC+ from liability in acting on my behalf in this regard and rendering such medical treatment.

**I have read and fully understand this Release.**

Signature

Date

---

Registrant over 18 years of age

**Signature required by parent/guardian for all registrants under 18 years of age.**

I, the undersigned hereby warrant that I am the parent or legal guardian of the above person and have full authority to authorize the above release, which I have read, and approve.

Signature

Date

---