2025

# PARTICIPATION CONSENT

Participant's Name: _____

Address: _____

Street, City, State Zip Code

I, _____,

*(name of participant or legal representative)*

give consent for _____ to participate in the after work

(*participant's name)*

Music Therapy Program-Glee Club between September 23rd and November 20, 2025.

If the participant listed above is unable to sign and you are a legal guardian or personal representative signing on their behalf, please complete the following:

Name: _____ Relationship to Participant: _____

## EMERGENCY MEDICAL TREATMENT RELEASE

I give my consent to Lafayette Work Center, Inc., or persons operating in its behalf, the unqualified right and permission to obtain emergency medical and hospital care for myself, my son/daughter, or my ward (guardian) in the event of an emergency.

_____

Signature Date

2024

# RELEASE OF LIABILITY

In consideration of being permitted to participate in the activities, programs, and services offered by Lafayette Industries, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, release, discharge, and waive any and all claims or actions that may rise against Lafayette Work Center, Inc., its subsidiaries, parent companies, associated companies, agents, employees, representatives, directors, successors and assigns (collectively, "Lafayette") from and for any responsibility and/or liability or losses of any nature, including, without limitation, property losses, personal, bodily or mental injury, economic loss of any damage to me, my spouse, my children, or guests resulting from the

**NEGLIGENCE or FAULT** of Lafayette. I agree to defend, indemnify and hold Lafayette harmless against any claims arising out of the negligent or willful acts or omissions of me. The release contained herein is intended to be the fullest and broadest release permissible under applicable law. This release is also severable and the invalidity or unenforceability of any one or more of the provisions hereof shall not affect the validity and enforceability of the other provisions hereof.

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ABOVE, INCLUDING THE RELEASE OF LIABILITY.**

Signature:_____ Date: _____

Print Name: _____

Title: _____(e.g, guardian, attorney-in-fact)