

*Bassi Brugnattelli*

INTERNATIONAL CONDUCTING AND SINGING SYMPOSIUM

Palazzo Bassi Brugnattelli  
Via Donna Ida Fumagalli, 23  
23899 Robbiate LC  
john.ratledge@gmail.com

**RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND  
INDEMNIFICATION  
2020**

**PURPOSE OF THIS FORM:** This form is to be signed by each participant in the *Bassi Brugnattelli International Conducting and Singing Symposium*. In consideration of the educational, social, recreational, and other benefits to be provided, the receipt and adequacy of which is acknowledged, the Participant agrees as follows:

**DEFINITIONS:** The following terms have the stated meaning when used in this document:

**Activity:** The *Bassi Brugnattelli International Conducting and Singing Symposium*, in conjunction with or arranged by the Symposium officials, and to be held on or about 23 June through 2 July 2020, who have arranged the Activity, and its members, officers, employees, and agents.

**Participant:** The individual participating in the Activity, and all related activities that executes this document.

**Potential Liabilities:** Any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from the Participant's involvement in the Activity, such as medical expenses, other costs, injury, sickness or death.

**Founder and Artistic Director:** John Ratledge

**Group:** The *Bassi Brugnattelli International Conducting and Singing Symposium*, John Ratledge, Founder and Artistic Director, faculty, Marcello Bassi Brugnattelli, owner of Palazzo Bassi Brugnattelli, and his employees.

**LIABILITY RELEASE: THIS IS A RELEASE OF LIABILITY.** Participant knowingly and voluntarily waives, releases, exculpates, and discharges John Ratledge and

the Group from and against any and all Potential Liabilities connected with the Activity. By signing this form, you voluntarily agree to discharge John Ratledge and the Group in advance from all such Potential Liabilities.

**INDEMNIFICATION:** Participant agrees to hold harmless and indemnify John Ratledge and the Group from and against all Potential Liabilities related to or arising from Participant's involvement in the Activity.

**ASSUMPTION OF RISK:** Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including without limitation: activities potentially related to the Activity; travel risks, such as accidents, crashes, and risks from autos operated by John Ratledge and the Group, as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death; premises risks, including those that may be owned by others and risks from water, such as drowning; injury risks from falls, collisions, or accidents (such as cuts, bruises, torn muscles, sprains, broken bones, etc.); outdoor injuries, such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, hypothermia, drowning, sunburn, animals, and limited access to medical care; risks from others involved in the Activity (such as transmitted illnesses or others' actions); health risks, such as heart or respiratory events as well as other risks inherent in any strenuous activities, including things identified as "injury risks" herein; equipment risks, including failure, misuse, inherent risks, and risks from Group equipment; and other risks and hazards beyond the control of the Group, or others. Participant acknowledges that he/she has had an opportunity to investigate the Activity, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Activity. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

**Health Care and Emergencies:** Neither John Ratledge nor the Group accept responsibility or liability for providing health care services or health care insurance for the Participant. Participant should consult his/her on medical care provider, and warrants his/her physical fitness to participate in the Activity. Participant authorizes the Activity and the Group to obtain any necessary medical treatment for Participant during the Activity. Participant agrees to be responsible for the payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant. Further, Participant agrees to indemnify and hold John Ratledge and Group harmless from any claim that may be made by a doctor of medical facility of said fees and charges incurred in the provision of medical care to Participant. If requested, the Participant may be required to provide the name(s) and contact numbers(s) for a parent, guardian, or other party that is a reliable contact in the event of emergencies.

**Conduct:** Participant agrees, for the duration of the Activity, to abide by all rules and regulations for the Activity. Participant also agrees to at all times to follow posted signs as well as instructions and directions of any accompanying Group official or other official associated with the Activity. Participant shall conduct himself/herself in a manner that brings honor to himself/herself, his/her family and his/her community.

**Alcohol for underage Americans:** In general, European culture embraces the consumption of alcohol at a much earlier age than in the United States. Wine is routinely served at meals

throughout the day in Europe. Any underage Participant drinks at their own risk, and John Ratledge nor the Group takes any responsibility for the actions of those that do.

**ACKNOWLEDGEMENT:**

I, as Participant, acknowledge that I have read and understand this entire document and its effect on my rights. Relying wholly upon my own judgment, belief, and knowledge about the risks associated with the program, which include significant injury or death, and the effect of this document, I voluntarily agree to execute this document and participate in the program. I acknowledge that no oral representations, statements, or inducements have been made to me separate and apart from the terms of this document. I voluntarily sign this agreement of my own free will fully intending to legally bind myself, my heirs, successors, and assigns to it terms.

Participant Signature:

Date:

Printed Name:

Cell Phone

All pages of this document are to be scanned and returned to [john.ratledge@gmail.com](mailto:john.ratledge@gmail.com)

Please photocopy the front and back of your insurance card on one sheet of paper, aligning both images at the top of the page for maximum office efficiency.

# BASSI BRUGNATELLI SYMPOSIUM

## 23 June- 2 July 2020 Emergency Information

European Identification Number or  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex: \_\_\_ M \_\_\_ F Phone/Cell phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Are you required to wear a health emergency bracelet? \_\_\_ Yes \_\_\_ No If yes, for what condition? \_\_\_\_\_

Have you had or do you currently have any of the following conditions? Please mark all that apply, specifying the date, whether past or current. If yes, please detail information. Attach addition sheet if necessary.

Medical Condition	Past Date	Current	If yes, please detail information
Alcohol/drug addiction	_____	_____	_____
Allergies (food, drugs, bees, etc.)	_____	_____	_____
Asthma	_____	_____	_____
Cancer	_____	_____	_____
Chronic Condition (high blood pressure, hemophilia, etc.)	_____	_____	_____
Diabetes	_____	_____	_____
Eating Disorder	_____	_____	_____
Epilepsy/Seizure Disorder	_____	_____	_____
Frequent Trouble Sleeping	_____	_____	_____
Heart Disease	_____	_____	_____
Painful shoulder, knee, back	_____	_____	_____
Thyroid Condition	_____	_____	_____
Other: _____	_____	_____	_____

Have you had any injuries which required hospital/ER attention? (i.e. major accident) \_\_\_ Yes \_\_\_ No  
If yes, **when** and for **what**? \_\_\_\_\_

Have you ever been hospitalized? \_\_\_ Yes \_\_\_ No If yes, **when** and **where**? \_\_\_\_\_

Have you ever had any surgical procedures? \_\_\_ Yes \_\_\_ No If yes, **when** and for **what**? \_\_\_\_\_

What is your condition as a result of the surgery? \_\_\_\_\_

Are you currently taking medication? \_\_\_ Yes \_\_\_ No If yes, **which medications** and for **what**? Please list the dosage currently being taken. \_\_\_\_\_

Have you ever been treated for any psychological/emotional problems? \_\_\_ Yes \_\_\_ No If yes, **list dates**. \_\_\_\_\_

If yes, please describe the nature of the problem: \_\_\_\_\_

Did your treatment require medication? \_\_\_ Yes \_\_\_ No If yes, please **list medications and dosage**. \_\_\_\_\_

Current Status: \_\_\_\_\_

**SPECIAL NEEDS: The following questions address disability-related needs for students. Provisions for the following information is voluntary.**

Do you have a documented disability? \_\_\_ Yes \_\_\_ No

If yes, please state the nature of the disability. \_\_\_\_\_

In what areas does your disability currently impair your ability to perform daily academic activities? \_\_\_\_\_

Do you have special dietary restrictions? \_\_\_ Yes \_\_\_ No

IF YES, PLEASE LIST YOUR DIETARY NEEDS BELOW: (i.e. gluten free, vegetarian, dairy, peanuts, etc.) \_\_\_\_\_

**In signing this document, I verify that all of the medical and psychological information I have provided is accurate and complete, and I will notify Dr. Ratledge immediately of any relevant changes in my health that occur prior to any travel. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**