



2024 Retreat Application and Liability Waiver

Applicant Information			
Name:			
Date of birth:	email:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Instrument:			
Name of ensemble (if applicable):			
Emergency Contact			
Name of person you wish for us to contact in case of emergency:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
References (private instructor, music teacher, band director, etc. – please list at least one)			
Name:	Address:	Phone:	

If you have any special health considerations (allergies, etc.), please list them here:

WAIVER OF LIABILITY

I hereby authorize the staff of Marsalis Mansion Artists, LLC to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Marsalis Mansion Artists, LLC from any and all liability for any injuries, illnesses or lost property incurred while at the retreat. I have no knowledge of any physical impairment that would be affected by my participation in the retreat as outlined on the rmpbb.com website. I agree to my likeness being used for promotional and marketing purposes. By submitting this application, I also state that I am covered by my personal medical insurance policy. I, the undersigned, have read, understand and accept the terms of this acknowledgement of risk/waiver of liability form. I further acknowledge that no oral representations concerning this document have been made to me as an inducement to signing the document.

Signature of applicant

date

I have answered all the above questions to the best of my ability and believe my answers are true and correct.

Signature of applicant

date

