



A PEAK EXPERIENCE  
June 13 –14, 2009  
\$175 ticket price

Call time: 7:00 p.m. Saturday June 13  
End time: 8 a.m. Sunday June 14

Rubin Museum of Art  
150 West 17<sup>th</sup> Street  
New York NY 10011

## **TERMS AND CONDITIONS**

### **MEDICAL DISCLAIMER**

I represent that I am in good health and that I have no condition, illness, or communicable disease that may make my participation in the program A PEAK EXPERIENCE at the Rubin Museum of Art (RMA) dangerous to me or to other participants in the program. I promise to indemnify and hold RMA harmless from all liability, loss, costs, and expenses (including attorneys' fees and disbursements) which RMA or any third party may sustain while I participate in A PEAK EXPERIENCE, which is caused in any way by my condition, illness, or disease. I have consulted with my physician and have received approval for my intended participation in the program A PEAK EXPERIENCE.

### **ASSUMPTION OF RISK**

I am aware that the participation in A PEAK EXPERIENCE poses certain risks of injury and I expressly assume the risk and responsibility for any accidents or injuries of any kind which I may sustain by reason of my physical exercise and participation. I hereby release, discharge, and absolve RMA, its agents, officers, and employees from any and all liability, loss, costs, and expenses (including attorneys' fees and disbursements) incurred by me as a result of any such accident and/or injury even if it is caused by or results from the negligence of RMA, its agents, officers, and employees.

### **USE OF FACILITIES**

I will abide by all the rules and regulations stipulated by RMA instructors, agents, officers and employees.

### **INDEMNITY**

I promise to indemnify and hold RMA, its agents, officers, and employees. harmless from any liability, loss, costs, and expenses (including attorneys' fees and disbursements) which they may sustain as result of any accident, injury, or other loss to any third party caused in any way by my participation in A PEAK EXPERIENCE.

FILMING AND PHOTOGRAPHY

I agree to being filmed and photographed during participation in A PEAK EXPERIENCE at RMA. I agree that such film and photography may be used to promote and publicize this program and future programs at the Rubin Museum of Art. I further agree that such film and photography shot by the press and media may be used freely by such organizations. I agree that all such photographs are and shall remain the property of RMA or designated third parties, and that they may be used at the discretion of the RMA and such third parties.

I agree that I will not receive any stipend or payment for the use of these photographs.

EQUIPMENT

I will provide and bring with me my own sleeping bag and a change of clothes.

I have read and agree to be bound by the terms and conditions contained above.

Participant's name: ..... Date of birth .....

Participant's parent or legal guardian: .....

Signature of parent or legal guardian: .....

Date: .....

*As the participant is under 21 years of age, this agreement has to be signed by a parent or legal guardian.*





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Emergency Contact Information Sheet

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Known Food Allergies/Allergic Reactions (please describe in detail)

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Medications

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Dietary Needs

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Emergency Contact Information Sheet

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mobile Number \_\_\_\_\_ Other Contact # \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mobile Number \_\_\_\_\_ Other Contact # \_\_\_\_\_