

Due 45 days prior to performance

Music USA Festivals

Responsibility Release and Transportation Information

Director _____ Name of School: _____

Festival Date: _____ Festival Location: _____ Today's Date: _____

Responsibility Release **This form must be printed and signed.**

I hereby release Music USA Festivals, Inc. and Music USA Inc., its staff and management from any liability and/or responsibility for damages made by members of my school group to, including, but not limited to, buses; hotels/motels/ various attraction facilities/ and restaurants. I understand that full responsibility for damages, if such damages are incurred, rest entirely with my group and its sponsors, and will be up to my group and its sponsors to settle any claims which may result from said damages directly with the claimant prior to departing for home.

Name (signed): _____ **Must be printed and signed.** Witness (signed): _____ **Must be printed and signed.**

Name (printed): _____ Witness (printed): _____

Date(s) of Travel: _____ Festival Location: _____

Name of School: _____

Address: _____

City: _____ Zip: _____

Transportation/Bus Information

Bus Company: _____ Bus Company Emergency # : () _____

Number of Buses: _____ Number of Support Vehicles (i.e. equipment truck): _____

Estimated Departure Time from School: _____ Estimated Arrival Time: _____

If you are leaving late in the day does your driver need a room all day on the final day? (Yes or No) _____

If the trip is a "long day trip does your driver need a room? (Yes or No) _____

Choose one of the following.

- Our driver(s) will not require accommodations
- Our driver(s) will pay the **Hotel Staff** for their accommodations upon check-in to the hotel
- We wish to pay for our driver(s) accommodations. Please include this on our invoice. (Please fill out the following.)

Total # of rooms needed: _____ Date(s) needed: _____

of single rooms: _____ # of double rooms: _____ # of triple rooms: _____ # of quad rooms: _____

Schools arriving in vans/cars please call your coordinator to make other arrangements.

Due Date: 45 days prior to performance. Please return via e-mail to your coordinator, fax or mail.

Signatures necessary.

Fax: 386-575-2357 | Phone: 1-800-654-3018
1780 Doyle Road, Deltona, FL 32725

Date Rec'd: _____ Coor.: _____