

**International Euphonium Institute Festival 2010**

Parental Authorization/Liability Waiver and Release

I hereby give permission for my child, (print full name): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ to participate in the International

Euphonium Institute to be held at Emory University from June 20 - 27, 2010.

I have indicated my permission above, on behalf of my child, myself, my family, heirs, designees, personal representatives, that I, the undersigned, hereby agree to assume all the risks and responsibilities surrounding my child's participation in the activities, transportation to and from the activities and in any independent activities undertaken as a participant, and in advance. In connection with this assumption of risk, I release, waive, forever discharge, and covenant not to sue Adam Frey, Emory University, The International Euphonium Institute, the Euphonium Foundation Inc., Euphonium.com, LLC, their employees, agents and representatives ("RELEASEES"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that my child and I may have or that may hereafter accrue to one or both of us, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained to my child or any property belonging by him/her and me, whether caused by the negligence of RELEASEES or otherwise, while in, on, or in transit to or from the premises where the activities, or any adjunct to the activities, occurs or is being conducted.

I understand and agree that RELEASEES do not have medical personnel available at the location of the activities. I grant my permission for RELEASEES and pre-authorize emergency medical treatment at an emergency care facility, Student Health Services or other facility, if necessary, and that such action by RELEASEES shall be subject to the terms of this Authorization and Release Agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection with such pre-authorized emergency medical treatment. Further, I understand that the International Euphonium Institute does not provide accident/health insurance for camp participants, and I assume personal and financial responsibility for any such medical care and treatment.

I have read this statement and understand its contents. I have also read the attached Camp Rules and Regulations documents and agree to abide by their contents.

Yes  No Does the student have any chronic or other health problem of which the staff and organizers should be made aware? If "Yes," please include a short explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Does the student require the use of any medication for have any chronic or other health problem that will or may be administered or taken during the of which the camp or are there any treatments that staff and organizers should be made aware? If "Yes," please include a short explanation and a list of all medications taken or needed by the student.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My child's doctor is: \_\_\_\_\_

Phone number: \_\_\_\_\_

My child's health insurer is: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**In case of an emergency, I may be reached at this address and phone number:**

Address: \_\_\_\_\_ :

\_\_\_\_\_  
Company: \_\_\_\_\_