University of Idaho

College / Dept	**College:**	Letter, Arts, and Social Sciences	**Department:**	Lionel Hampton School of Music		
Activity Name	Music Fieldtrips, Practices and Off Campus Performances		**Date**	Academic Year 2011/12	**Location**	Various
Participant's Name	(First)	(Last)	(Age)	❑ Male	❑ Female	
Address	(Street)		(City, State, Zip)			
Phones	(Cell)		(Home)			
Emergency contact(s) & Insurance info	**PRIMARY CONTACT NAME:**		(Relationship)			
	PHONES:	**WORK:**	**HOME:**	**CELL:**		
	SECONDARY CONTACT NAME:		(Relationship)			
	PHONES:	**WORK:**	**HOME:**	**CELL:**		
	PLEASE NOTE: Hospitals and clinics require Social Security numbers before providing treatment and suggest that participants bring a copy of their insurance card. **The participant is responsible for all medical expenses.**					

Acknowledgement of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. Please read both sides of this page. **Sign and return** this form to Jenny Warner. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Music Fieldtrips, Practices and Off Campus Performances ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child, up to and including death**, may occur: physical activities, with or without supervision, while on campus or off, including, but not limited to, musical and marching performance and practice that involves movement and strength using various muscle groups, which could place stress on the cardiovascular and or skeletal systems; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; use or operation, by me or others, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to snow, ice, wind, rain, sun, and extremes of cold or heat; contact with poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including, but not limited to, travel by airplane, bus, van, and private or rented auto, including travel in unpredictable or extreme weather conditions that affect road or air safety; staying overnight off campus in commercial hotels; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accepts all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity**. **I understand I am responsible for all medical expenses and/ or property losses**.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family.

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. If I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at http://www.webs.uidaho.edu/fsh/2300.html; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. If you DO NOT GIVE PERMISSION TO PRODUCE OR IMAGES, CHECK HERE ☐

I ____do ____do not (please check one) authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: