2019 UM All-Star Honor Choir

PARENTAL PERMISSION

_________________________________________ (Student Name) has my permission to attend
_________________________________________ (Event Name). I understand that The
University of Montana will not assume any responsibility for any injury or serious illness to
students at this event. In case the services of a physician are required, I will be responsible for
the charges.

I hereby request permission for my child to participate in this activity. In consideration
for allowing my child to participate, I, acting for myself and my heirs, executors, administrators
and assigns, hereby release the University of Montana, employees, agents, and programs from
any and all liability for losses damages, injuries, or costs of any kind that may arise out of or that
may be related to my child’s participation.

_______________________________________________ ______________________
Parent/Guardian  Signature             Date

_______________________________________________
Parent/Guardian  Name  Print

Please bring to Registration.

UM School of Music
32 Campus Drive
Music Building, Room 101
Missoula, MT 59812-7992
NAME OF STUDENT __________________________________________________________

Please state if you have any special medical condition that we or a Doctor should know about in case of an emergency.

____________________________________________________________________________
____________________________________________________________________________

Do you have any special allergies? _______________________________________________

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:
Name __________________________________ Telephone Number ______________________
Address  ______________________________________________________________________
2018 UM ALL-STAR HONOR CHOIR PHOTO RELEASE FORM

UM School of Music staff members take photos throughout this event. With your permission, The School of Music would like to use these images for future publications for our Outreach Program and school website.

I hereby grant UM School of Music permission to use the likeness of my child, __________________________________________, in any and all of its publications, including websites. (We will not publish your child’s first or last name, address, phone numbers, or other information protected by federal regulations.)

I understand that any and all of these likenesses will become property of the University of Montana School of Music. I hereby authorize UM School of Music to exhibit or publish any likenesses for the purpose of publicizing any and all school activities or any other lawful purpose.

I hereby release the University, its governing body, employees, and representatives from any responsibility from all claims, demands, and causes of action which I, my heirs, representatives, executors, or any other person or persons acting on my behalf or behalf of my estate have or may have by reason of this authorization.

_____________________________________________________
Printed Name of Parent/Guardian

_____________________________________________________
Signature

_____________________________________________________
Date

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UNIVERSITY OF MONTANA
SCHOOL OF MUSIC