

2019 UM All-Star Ensembles

PARENTAL PERMISSION

(Student Name)

has my permission to attend UM ALL-STAR ENSEMBLEA. 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

UM School of Music 32 Campus Drive Missoula, MT 59812-7992

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MEDICAL RECORD

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 _____

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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,

(student name)

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.

Print Name of Parent /Guardian

Signature

Date