

SANTA CLARA COUNTY HONOR BAND PARTICPANT RELEASE AND WAIVER FORM

Every Participant must have a completed and signed release form to turn in at registration and audition in order to participate.

Print Minor's (Student) Name _____

Minor's Birthday (mm/dd/yyyy) _____

Home Address _____

Print Name of Parent/Legal Guardian _____

City, State, & Zip _____

Parent/Legal Guardian Cell Phone (555-555-5555) _____

Minor's Cell Phone Number (555-555-5555) _____

Minor's High School _____

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____ as parent or legal guardian of _____, a minor (hereinafter Minor), hereby grant the permission necessary to allow Minor to participate in the Santa Clara County Honor Band (hereinafter Honor Band) auditions, rehearsals, and concert to be conducted by the Santa Clara County Band Directors Association (hereinafter SCCBDA). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless SCCBDA, the Hosting site (university and/or high school), on whose premises the Honor Band will occur (hereinafter the Location), the Location, and the respective directors, officers, representatives, members, agents and employees of SCCBDA, the Location and their respective affiliates (hereinafter collectively Releasees) from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Honor Band, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that Minor may incur or sustain during the Honor Band, all activities associated with the Honor Band and while traveling to and from the site for the Honor Band. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian X _____ Date _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Honor Band. In the event of such illness or injury, I authorize SCCBDA to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Honor Band and while traveling to and from the site for the Honor Band.

Appearance Agreement. I understand that SCCBDA, from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Honor Band, Minor may be included in videotapes, photographs, DVDs, Podcasts and videocasts taken during the Honor Band. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to SCCBDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as a part of the Honor Band, in advertising and promoting the Honor Band or in advertising and promoting similar future events. I further understand that neither SCCBDA nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve the copies of any promotional materials related thereto.

Honor Band Rules. I further acknowledge and understand that the Santa Clara County Band Directors Association has established rules and regulations pertaining to conduct, behavior and activities of all Honor Band participants, by which Minor and I agree to abide during the Honor Band and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Honor Band rules. Minor and I understand that violation of the rules can result in immediate dismissal from Honor Band.

Insurance Company _____ Policy Number _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Honor Band and that he/she shall consume the prescribed dosage for such medications.

SCCBDA will not administer or supply any type of medication at Honor Band.

Medications (if any) _____

Allergic to (if any) _____

I acknowledge that the Minor suffers from the following conditions _____

Alternate Emergency Contact: _____ Address: _____

Phone 1 _____ City, State, Zip _____

Phone 2 _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian X _____ Date _____

Relationship to Minor _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor X _____ Date _____