



ASSUMPTION OF RISK, INFORMED CONSENT AND PERMISSION TO AUTHORIZE EMERGENCY MEDICAL TREATMENT

THIS RELEASE IS EXECUTED on behalf of (_____)
Minor Participant's name & address

hereinafter the "Minor," by (_____)
Parent's or guardian's name

to Grand Valley State University, 1 Campus Drive, Allendale, MI 49401.

In consideration of the Minor being permitted to participate in 2018 Wind Band Workshop (hereinafter the "Program"), we the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the program, to which the Minor may be exposed during his/her enrollment and/or participation in the Program, hereby agree to assume all the risks and responsibilities surrounding the Minor's participation in the Program, or any activities undertaken as an adjunct thereto; and, further, we do for ourselves, our heirs, and personal representatives hereby defend, hold harmless, indemnify, and release, and forever discharge and all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Grand Valley State University, its officers, agents or employees, during the period of the Minor's participation as aforesaid.

We understand and agree that the University does not have medical personnel available at the location of the activity or on the campus. We understand and agree that the University, its officers, agents or employees are granted permission to authorize emergency medical treatment, if necessary, and that such action shall be subject to the terms of this Agreement. We understand and agree that the University, its officers, agents or employees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

IN WITNESS WHEREOF, we have read this release and thoroughly understand it and have asked questions if we did not understand it and our signatures below indicate our complete and willful consent signed this _____ (day) of _____ (month), 20____.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

List any food allergies or preferences:

This form is due January 19, 2018. You may email a PDF to tuttk@gvsu.edu or mail it to **Kevin Tutt**
B-4-232 Mackinac Hall, Grand Valley State University, 1 Campus Drive, Allendale MI 49401

Payment of \$20 is due on the same date. Checks made payable to GVSU Music and mailed to above address.