

Washington State University Oboe Camp Agreement

In consideration for _____ (Participant name), being allowed to participate in the Washington State University (WSU) Oboe Camp, I voluntarily agree to the terms and conditions of this Agreement, which constitutes an Assumption of Risk and Release of Liability and Photo and Media Materials Release. In addition, I voluntarily agree to the terms and conditions of the attached Medical Treatment Authorization and Medical Information and Release Form.

I agree to assume all risks involved in Participant engaging in or using the programs, services, equipment, and facilities of WSU and WSU School of Music. I understand that using these programs, services, equipment and facilities may result in Participant being exposed to the risk of injuries, damage to personal property, or death. I also understand that there are foreseeable and unforeseeable risks of injury or death that may occur as result of Participant's engagement in the Oboe Camp that cannot be specifically listed here.

I agree that WSU, WSU School of Music, and Oboe Camp, may take and use any photographs, video or audio recordings, digital images, or other documentation of Participant for promotion and advertising purposes of WSU and/or WSU School of Music. I understand that I will not receive monetary enumeration for any use of Participant's likeness or any recordings described herein.

I agree that, by signing below, I represent that I am the legal parent or guardian of Participant, and acknowledge that I sign this Agreement and the attached Medical Treatment Authorization and Medical Information Release Form, and agree to these conditions on behalf of Participant and that I and Participant shall be bound by the terms of these agreements, WSU and WSU School of Music policies, rules and regulations of Oboe Camp, and the direction of University staff and officials. Failure to do so can result in dismissal from the program.

I have carefully read this Agreement and the attachments, understand the terms and conditions, am aware that they represent a contract between WSU and myself on behalf of Participant, and I voluntarily agree to it on behalf of Participant.

If any part of this Agreement is determined to be invalid or unenforceable, the remaining parts or portions shall be enforced to the fullest extent permitted by law.

This permission is good only while the Participant is attending the Oboe Camp, unless revoked by me or Participant in writing, and only until the Participant has turned eighteen years of age.

It is recommended that parents/legal guardians consult with a physician and/or attorney before signing on behalf of Participant. This document is effective from the date listed below.

WSU Oboe Camp

I release the State of Washington, the Regents of Washington State University, Washington State University, Washington State University School of Music, and the employees, agents, or representatives of Washington State University (hereafter WSU) from any and all liability, claims, costs, expense, injuries or losses including those resulting from acts of negligence by WSU that I, or Participant, may otherwise sustain as a result of Participant's engagement in or using the programs, services, facilities and equipment of WSU, and any medical treatment given to Participant. I also release WSU from loss or damage to the person or property of Participant as a result of his or her participation in Oboe Camp.

Signature of Legal Parent or Guardian

Printed Name

Relation to Participant

Date