

# 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 a Photo and Media Materials Release.

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 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, 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.

I agree to pay \$150 via check, paid to the order of the School of Music. I understand the deadline for payment is May 28th and must be received by the School of Music via mail to: School of Music/WSU, Attn: Anna-Maria Shannon, PO Box 645300, Pullman, WA 99164-5300.

This document is effective from the date listed below.

\_\_\_\_\_ Signature of Legal Parent or Guardian

\_\_\_\_\_ Relation to Participant

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Date.