## RELEASE AND INDEMNIFICATION AGREEMENT FORM $UTRGV\text{-}CELLO\;FESTIVAL$

#### STUDENT INFORMATION:

Name:	Date of Birth:				
Address:	City	State:	Zip Code:		
Phone #:	Email:	· · · · · · · · · · · · · · · · · · ·			
PARENT/GUARDIAN INFORMA	ATION FOR MINOR P	ARTICIPANTS-	Under 18 years of age:		
Name:	Relationship:				
Address:	CityState:Zip Code:		Zip Code:		
Phone #:	Alternate Phone # :				
Relationship:	Email:				
* 2In consideration of my (hereby accept all risk to my (or my pure such participation and I hereby release representatives from any and all liable estate, heirs, next of kin, and assigns participant's) property and for any a death, that may result from or occur caused by negligence of the Instituti further agree to indemnify and hold representatives from liability for injut (or participant's) negligent or intention.	participant's) health and of use the above named Insti- polity to me (or participant is for any and all claims ar and all illness or injury to during my (or participant on, its governing board, of harmless the Institution a cury or death of any person	of my (or his/her) in tution, its governing t), my (or participant and causes of action my (or participant t's) participation in officers, employee and its governing by n(s) and damage to	injury or death that may result from a board, officers, employees and ant's) personal representatives, a for loss of or damage to my (or 's) person, including my (or his/han the Activity or Trip, whether is, or representatives, or otherwise woard, officers, employees, and opproperty that may result from my		
* 3I HAVE CAREFULLY OF ALL CLAIMS AND CAUSES OF PARTICIPANT'S PROPERTY THE OR TRIP AND IT OBLIGATES MI INJURY OR DEATH OF ANY PER NEGLIGENT OR INTENTIONAL	OF ACTION FOR PART AT OCCURS WHILE PA E TO INDEMNIFY THE RSON AND DAMAGE T	ICIPANT'S INJU ARTICIPATING I PARTIES NAMI	RY OR DEATH OR DAMAGE T N THE DESCRIBED ACTIVITY ED FOR ANY LIABILITY FOR		
Participant Name	Participant Signatu	are	Date		
Parent/Legal Guardian Name	Parent/Legal Guar	dian Signature	Date		
UTRGV Witness Name	UTRGV Witness S	Signature	Date		

## UTRGV CELLO FESTIVAL APPLICANT AND MEDICAL INFORMATION

GENERAL INFORMATION				
Participant name:		Address:		
Date of Birth//			F	
Parent/Legal Guardian name:			Email:	
Street Address:				
City:				
Home phone:		_ Work phone:		
Please list two emergency contac	ets:			
Emergency Contact # 1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
Emergency Contact # 2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
medical emergency while participa any cost of health care that may of PLEASE READ: As a participa	ating in this UTRGV ccur during this Camp	Cello Festival . I w	lical attention in the ill assume financial i	event of illness or responsibility for
disclose relevant information massigning my name I represent and UTRGV pertaining to my child's complete. I agree to notify UTR prior to my child's festival	ny result in harm to i d warrant that I have s medical, mental an	myself/my child an e provided all mate d physical conditio	d/or others during erials and importan on and that it is acc	this Camp. By t information to urate and
signing my name I represent and UTRGV pertaining to my child's complete. I agree to notify UTR	ny result in harm to all warrant that I have so medical, mental and GV of any changes in the pove medical information and it is ability to participes, he/she does so vol	myself/my child and e provided all mate dephysical condition my/my child's material material material material and of his	d/or others during erials and importan on and that it is accurately, physical or nused by UTRGV peties. I understand the own accord an	this Camp. By t information to urate and nedical condition ersonnel or that, if my child
signing my name I represent and UTRGV pertaining to my child's complete. I agree to notify UTR prior to my child's festival  By revealing or disclosing the abemployees to determine my child chooses to participate in activities	ny result in harm to all warrant that I have so medical, mental and GV of any changes in the pove medical information and it is ability to participes, he/she does so vol	myself/my child and e provided all mate dephysical condition my/my child's material material material material and of his	d/or others during erials and importan on and that it is accurately, physical or nused by UTRGV peties. I understand the own accord an	this Camp. By t information to urate and nedical condition ersonnel or that, if my child
signing my name I represent and UTRGV pertaining to my child's complete. I agree to notify UTR prior to my child's festival  By revealing or disclosing the ab employees to determine my child chooses to participate in activitic decision regarding participation	ny result in harm to all warrant that I have so medical, mental and GV of any changes it have medical informatics ability to participes, he/she does so volis solely the respons	myself/my child and e provided all mate dephysical condition my/my child's material material material material and of his	d/or others during erials and importan on and that it is accurately, physical or nused by UTRGV peties. I understand the own accord an	this Camp. By t information to urate and nedical condition ersonnel or that, if my child

Name/Nombre

1.

Phone/Teléfono

# UTRGV CELLO FESTIVAL Leave Authorization List

Rules, participants are not allowed to leave campus with anyone if not previously authorized by their parent(s) or legal guardian. In order to assure the safety of your son/daughter, please provide the program with a list of names that you (Parent or Legal Guardian) approve to pick up your son/daughter in case of an emergency and only if, you are not able to pick up your son/daughter yourself.

Address/Dirección

Relation/Relación

2.			
3.			
4.			
5.			
Government-issued picture ID's	will be required to pick up	campers.	
I,authorize the UTRGV festival staff from any liability that may arise by released to any of the above authowell-being.	to release my son/daughter t them releasing my son/daug	to the above listed persons and hter to them. I fully understand	release the UTRGV Camp staff that once my son/daughter is
*Note: If you have special concerns	s or circumstances about pic	king up your child please discus	ss them with the Festival director
Parent/Guardian Name			
Parent/Guardian Signature	Date		

## Release of Student Information, Pictures, & Video

### **CONFIDENTIALITY OF INFORMATION**

The personal information that you provide UTRGV will be maintained within the UTRGV Cello Festival. This information is protected by the Family Educational Rights and Privacy Act of 1974.

RELEASE OF STUDENT INFORMATION
I,, authorize UTRGV to release official transcripts, test scores, and
Parent/Guardian Name
other records of my son/daughter to the professional staff of UTRGV for
evaluation purposes. I also authorize the professional staff of UTRGV to further release these records to other
institutions for admission, educational planning, and program developing purposes.
☐ Yes, I do agree with the conditions stated above.
☐ <b>No</b> , I <u>do not</u> agree with the conditions stated above.
AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS
I,, authorize UTRGV to use photographs of
Parent/Guardian Name Participant Name
I understand that these photographs will be utilized for promotional, recruitment, and informational purposes in the
form of newsletter, newspaper, pamphlet, brochure, scrapbook, commercials, news, documentary, promotional
video, and/or any other media form and/or any other media form that will require his/her image.
☐ Yes, I <b>do</b> agree with the conditions stated above.
☐ No, I do not agree with the conditions stated above.
PARENT/GUARDIAN SIGNATURE FOR ABOVE STATEMENTS
Parent/Guardian Signature Date