

William Carey University Honor Choir Clinic Hold Harmless Agreement

Student Name _____ Cell phone # _____

Address _____ Home phone# _____

Name, address, and phone number(s) of person to notify in case of an emergency:
(Please Print)

Name: _____ Relation _____

Address _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Additional Phone: _____

Release, Indemnification and Hold Harmless Agreement

Please read this document carefully before signing. This form must be submitted by a parent or legal guardian before any child is allowed to participate.

I wish for my child to participate in the William Carey University Honor Choir Clinic and I agree as follows:

I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness, I hereby authorize William Carey University and/or my individual school's chaperone/director by and through its authorized representative(s) in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse William Carey University and/or my individual school's chaperone/director for any expenses which it might suffer on account of said injury or treatment thereof. In this event, William Carey University will always defer to the individual school's chaperone/director. When this is not possible, William Carey University will act in accordance with which they deem best for the health of the student.

I understand and acknowledge that there are risks inherent in all activities that can result in loss, damages, injury or death and I voluntarily agree to assume and accept all risks that potentially accompany participation in the program.

I knowingly and voluntarily agree to waive, release and discharge William Carey University, its Board of Trustees, agents, employees, and representatives from any and all claims, of whatever nature, for injuries or damages I may sustain resulting from my participation in the WCU Honor Choir Clinic. I further agree to indemnify and hold harmless William Carey University, its Board of Trustees, agents, employees, and representatives from any potential liability or expense, related to or arising from participant's involvement in the program.

William Carey University accepts no responsibility for any participant's personal property.

I also understand that I am a guest at William Carey University and am required to abide by all policies and procedures as stated in the current William Carey University Student Handbook.

Student Signature _____

Date _____

Parent Signature _____

Date _____