



School of Theatre and Music
College of Architecture, Design, and the Arts
University of Illinois Chicago

1040 West Harrison Street
ETMSW Building, MC 255
Chicago, Illinois 60607
P 312 996 2977
F 321 996 0954
theatreandmusic.uic.edu

UIC High School Honors Band

November 1-3, 2024

Participation Waiver and Release Form

In consideration of my participation in the **UIC High School Honors Band**, the below signed independently and collectively, and on behalf of himself or herself, his or her heirs, legatees, personal representatives and all those claiming by or through him or her, consent to and does hereby discharge, release, and hold harmless the Board of Trustees of the University of Illinois, sponsors and their affiliates, agents, volunteers, servants, employees, assigned, successors and distributors from claims, action, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by him or her or arising out of or in connection with his or her participation in the **UIC Honors Band Festival**. I have read the foregoing and am of legal age to consent to the waiver or to give my consent to my minor child or a child for whom I am legal guardian. Checking one of the boxes below indicates I agree to the terms set forth in this waiver.

- I am age 18 or over and I have read, understand and agree to the participation waiver.
- I am under age 18. My parent or legal guardian named below has agreed to the terms of the waiver.

Printed Name - Parent/Legal Guardian or Student (if age 18 or older)

Signature - Parent/Legal Guardian or Student (if age 18 or older)



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MEDICAL RELEASE FORM

STUDENT INFORMATION

NAME _____

DATE OF BIRTH _____ GENDER _____

IN CASE OF EMERGENCY CONTACT

NAME/RELATIONSHIP _____

EMERGENCY PHONE NUMBER (_____) _____

In case of a medical emergency, if you feel the staff should know of any particular medical condition, please disclose that here. This health information may be the only source of accurate important information. Whatever is disclosed will be held in strict confidentiality. You do NOT need to disclose anything if you do not wish to.

INSURANCE INFORMATION

FAMILY DOCTOR NAME _____

CLINIC/HOSPITAL NAME _____

FAMILY DOCTOR OFFICE PHONE (_____) _____

INSURANCE PROVIDER NAME _____

NAME OF POLICY HOLDER _____

POLICY NUMBER _____ GROUP NUMBER _____

I understand that if a serious illness/injury develops, the emergency contact will be contacted and medical or hospital care will be sought. If it is not possible for the emergency contact to be reached, I give my permission for the release of insurance and medical information as well as any medical treatment recommended by the attending physician. I will assume responsibility for any medical bills incurred. The health care provider may release information to the insurance company.

SIGNATURE (Parent or Guardian) _____

Date: _____

Photograph Consent Form

The Board of Trustees of the University of Illinois, through the University of Illinois at Chicago Office of Public Affairs and other communications offices (University), takes photographs for the University, UIC campus and related uses.

Signing this Consent Form means that you have given the University, including its employees, contractors and representatives, permission to select you and/or those you represent to be photographed and to photograph in any format or medium, including as set forth below.

I/We, the undersigned, hereby knowingly authorize the use, sale, distribution, publication and reproduction in perpetuity of any and all such photographs, motion pictures, videotapes, electronic recordings, or any other medium or format now known or later invented, which have been taken of me or of those I represent for any educational or promotional purpose, including but not limited to (1) electronic publication on the University of Illinois or UIC websites (2) for use/publication in the University or UIC publications and/or newsletters (published either electronically and posted on the websites or on paper and distributed freely), (3) for use in displays or advertisements promoting the University and/or any of its programs and (4) for any other educational or promotional purpose, publication, instructional situation or similar endeavor.

I further understand that the University of Illinois will be unable to prevent unauthorized persons from gaining access to the Internet/World Wide Web or successor electronic medium and the University websites and, as such, will be unable to prevent the copying, alteration or republication of my image. I understand and agree that I will not be compensated in any way for the use of said images and all photographs, negatives, film reels, transparencies, and/or digital files or other mediums, their content, and all copyrights or other intellectual property rights therein shall be the sole property of the Board of Trustees of the University of Illinois.

My authorization includes the modification or retouching of such images as the University deems necessary or appropriate.

I/We hereby release, indemnify and forever discharge the Board of Trustees of the University of Illinois, its trustees, officers, agents, employees, volunteers, contractors, and assigns of and from any and all claims and/or damages arising out of or in any way connected with the taking, use, sale, distribution, publication and/or reproduction of my images or of those I represent.

I/We represent that I am/We are over eighteen (18) years of age or older.

Signature of person being photographed

Date

Signature of Witness

If the person to be photographed is under eighteen years of age, the following applies.

I represent that I am the parent or guardian of _____

I hereby consent to the foregoing on his/her behalf.

Signature of Parent or Guardian

Date

Signature of Witness

Tracking Number