

Permission Form



SUMMER@EASTMAN PROGRAM

This form is to be used in consideration for allowing a student to participate in the Summer@ Eastman Programs. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

Student Last name, First name

Program or institute student is applying for

In consideration for allowing the above-named student ("Student") to participate in the Eastman School of Music ("School") *Summer@Eastman* Programs (defined as: *Music Horizons, Summer Jazz Studies, Eastman@Keuka, Eastman Summer Saxophone Institute, Eastman Summer Trombone Institute, Eastman Summer Trumpet Institute, Eastman Viola Workshop, Bonita Boyd International Flute Masterclass*, each of the foregoing a "Program"), I, as Student's parent/guardian, understand and agree that:

PERMISSION

Student has my permission to attend all parts of the Program.

RISK ACKNOWLEDGEMENT

Participating in the Program involves a risk of injury or harm. All such risks are being assumed knowingly and voluntarily by me and Student, including but not limited to those associated with travel to and from the program. These programs involve residing in campus housing, eating at dining facilities, using athletic facilities, receiving classroom and/or private music instruction, and going on field trips, and so carry the usual risks of such activities including, but not limited to, physical injury and/or illness from falls, insect or animal bites, athletic contact, transportation accidents, food contamination and chemical exposure.

HEALTH STATUS; INSURANCE

Student is physically fit and in a condition that will allow him or her to participate fully and safely in the Program. Student has medical insurance that covers him or her for accidents and illnesses while participating in the Program. I understand the School has not made, nor will make, any investigation into Student's physical fitness or ability to participate in the Program and the School relies on my statement of Student's physical condition. I assume full responsibility for payment of medical expenses not covered by insurance incurred as a result of Student's participation in the Program.

EMERGENCY TREATMENT

I grant the School permission to authorize emergency medical treatment as staff may deem appropriate, and agree that such action by the School shall be subject to the terms of the liability release below. I understand and agree that the School assumes no responsibility for any injury or damage that might result from such emergency medical treatment.

FIELD TRIP RELEASE

I understand that participation in the Program may include field trips and other activities away from the

campus site. Field trips may include some of the following destinations: Letchworth State Park, Seabreeze amusement park, off-campus concerts, museums, etc. I give permission for my student to attend these functions and to be transported by program-approved transportation. I hereby release the *Eastman School of Music*, the *University of Rochester*, *Keuka College*, and the officers, trustees, employees, agents, and volunteers of the aforementioned organizations from all actions, claims, or demands for damages resulting from my child's participation in the activities, and from liability and damages, injuries, or losses which might be sustained by my child, except those caused by the direct and sole negligence of the aforementioned organizations.

EMOTIONAL ADJUSTMENT

Occasionally, students deal with emotionally challenging issues. *Summer@Eastman* staff members are trained to assist students in adjusting to a new environment, a rigorous class schedule, and the challenge of being away from home for a substantial amount of time. The *Summer@Eastman* Programs at the Eastman School of Music do not have the facilities or staff to assist students experiencing serious emotional distress; any student who exhibits behavior that poses a threat to the health or safety of him or herself or others may be required to leave the Program immediately.

LIABILITY RELEASE

I hereby release and indemnify the University of Rochester and the School, their employees, officers, Trustees, and volunteers ("Releasees") from any and all liabilities, losses, claims, demands, costs, and expenses of any nature whatsoever arising out of any loss, personal injury (including death), or property damage, that I or Student may sustain, arising from Student's participation in the Program, and due to any cause whatsoever, including the Releasees' own negligence, unless due directly to the gross negligence or willful misconduct of the Releasees. It is my express intent that this Agreement shall bind the members of my and Student's family, estate, heirs, administrators, assigns, or personal representatives. I understand that Student's participation in the Program is entirely voluntary, and I sign this document freely and voluntarily, having read and understood it.

I agree to abide by the School's regulations. I understand that all fees must be paid prior to the beginning of instruction and that no deduction or refunds will be made for late arrival, early departure or expulsion.

SIGNATURES

Your signatures below indicate that you have read and understand the information outlined above.

_____	_____	____/____/____
Student name (print)	Student signature	Date
_____	_____	____/____/____
Parent/Guardian name (print)	Parent/Guardian signature	Date

PLEASE SEND COMPLETED FORM TO:

Summer@Eastman Office

Eastman School of Music
26 Gibbs Street, Box 36
Rochester, NY 14604-2599

FAX: [\(585\) 274-1089](tel:(585)274-1089)

Email: summer@esm.rochester.edu



EASTMAN
SCHOOL OF MUSIC
UNIVERSITY OF ROCHESTER