

Permission Form 2020



**SUMMER
@EASTMAN**

SUMMER@EASTMAN PROGRAMS

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: *The Artistic Flutist: Bonita Boyd International Flute Masterclass, Eastman Cello Institute, Eastman Experience: Summer Classical Studies, Eastman Experience: Summer Jazz Studies, Eastman French Horn Institute, Eastman Percussion Festival, Eastman Saxophone Project (ESP) Institute, Eastman Summer Saxophone Institute, Eastman Summer Trombone Institute, Eastman Summer Trumpet Institute, High School Wind Ensemble, Summer Organ Academy, The Unbroken Circle: Native American Song and Dance Workshop*, 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.

