IU SUMMER MUSIC CLINIC
RULES AND REGULATIONS AGREEMENT

Complete the 4-page packet and mail or fax to address or number below. All forms due JUNE 3, 2016.

SMC c/o Band Dept.
IU Jacobs School of Music
1201 E Third St
Bloomington, IN 47405

or fax to: 812-856-4207

1. Dress in an appropriate manner at all rehearsals and concerts.
2. Smoking and the possession and/or consumption of alcohol and illicit drugs are prohibited and will result in immediate dismissal from the Clinic.
3. Room lights are to be off at 11:00 pm.
4. Students are required to attend all sessions and recitals. Absences must be cleared with the Head Counselor.
5. Students are required to wear lanyards and nametags at all times. Faculty and staff will stop anyone not wearing a nametag.
6. Rooms do not have phones, although students may use their own. All cell phone activity must end prior to 11:00 pm, and cell phones must be turned off for concerts and recitals. Absolutely NO TEXTING during rehearsals, electives, or performances.
7. Any student who drove to clinic will be required to leave the vehicle parked and locked for the week in a designated parking lot. All student car keys must be turned in to the Head Counselor’s office on Sunday (the Forest Center Desk will not issue a parking permit to a student unless a counselor confirms that the keys have been turned in).
8. Students are not allowed to travel in personal cars driven by someone else during the Clinic unless they have 1) A signed authorization form allowing them to meet with someone outside the Clinic 2) A signed Transportation Liability Form 3) Officially checked out with the Head Counselors.
9. Students will remain between the areas south of the IU Jacobs School of Music to and including Third Street, west to the IU Memorial Union, north to 10th Street and east to Union Street. Students should travel in groups.
10. Students are required to have signed authorization forms to meet someone from outside the camp and they must sign out and in with the Head Counselors.
11. Lost keys will be replaced for $50 and lost meal cards will be replaced for $20.
12. In the dorm, no boys on girls’ floors and no girls on boys’ floors. Violation of this will result in swift action from the head counselors (or camp director if appropriate/necessary).

I have read this entire Agreement, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has also signed the Agreement.

Participant Name (Print): ____________________________________________
Participant Signature: ____________________________________________ Date _________

If Participant is under 18 years old, his/her parent or guardian must sign below.

Parent/Guardian Name (Print): ____________________________________________
Parent/Guardian Signature: ____________________________________________ Date _________
Consent for Medical Treatment (minors only)

I, __________________________, am the parent or legal guardian of ____________________________

and I authorize (name of program) ____________________________ to obtain emergency medical treatment

of this minor by an appropriate health care professional should the need arise while he/she is attending the program.

Signature ____________________________ Date ____________________________

Medical Information (all participants)

Participant’s name ____________________________

Age ____________________________ Birthdate ____________________________ Date of last Tetanus Toxoid ____________________________

Past health/injuries ____________________________ Present health ____________________________

__________________________________________ Allergic reactions ____________________________

__________________________________________ Present medication ____________________________

☐ Check here if the participant has special needs and might require accommodations to fully participate in the program. A staff member will contact

the parent or guardian for details.

Other information that would be useful in the event medical treatment is necessary: ____________________________________________

Insurance Information (all participants)

Parents or legal guardians are responsible for the cost of a minor’s medical treatment. When available, insurance information will be processed by the

health facility performing the treatment, otherwise you will be contacted for payment by cash, check or credit card.

Insurance company ____________________________ Address ____________________________

City/State/Zip ____________________________

Policyholder’s name ____________________________

Policy number ____________________________

Contact People (all participants)

In an emergency, parents or legal guardians can be reached as follows:

Name ____________________________ Relationship to minor ____________________________

Address ____________________________ Daytime phone ____________________________

City/State/Zip ____________________________ Evening phone ____________________________

Cell phone ____________________________

Name ____________________________ Relationship to minor ____________________________

Address ____________________________ Daytime phone ____________________________

City/State/Zip ____________________________ Evening phone ____________________________

Cell phone ____________________________

If other information would be helpful in contacting you, please indicate: ____________________________________________
Assumption of Risk and Release from Liability ("Agreement")

I, the undersigned, give permission for my Child to participate in the IU Summer Music Clinic, offered on behalf of The Board of Trustees of Indiana University ("IU"), at the Forest Residence Center, Woodlands Dining Center, and Jacobs School of Music from June 19th through June 25th 2016 (the "Program").

In consideration for my Child’s participation, I, on behalf of my Child, agree to the following:

1. I understand the Program consists of the following activities: Playing of musical instruments, musical concert attendance, consumption of food and beverage, optional swimming, optional recreation activities (volleyball, Frisbee, soccer, bowling, etc.), and staying overnight in a dormitory.

2. I understand that as part of my Child’s participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including, but not limited to, the risk of serious physical injury, temporary or permanent disability, and even death, as well as economic and property loss. I further understand that participating in the Program may involve other risks and dangers, whether known or unknown nor reasonably foreseeable, including the following: drowning, food/drink allergies, sprains, cuts, bruises, broken bones, fire or other emergency at the dormitory or on campus.

3. I fully understand the scope of the activities and the risks involved. I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of my Child’s participation in the Program.

4. I hereby release and fully discharge IU, including its officers, employees, and agents, from any and all claims or causes of action, including all liability for damage to personal property or personal injury which may result from my Child’s participation in the Program, that may be brought by me or my Child or for any injury or loss that my Child may suffer while participating in the Event, whether caused by negligence or otherwise, to the fullest extent permitted by law.

5. I further release, indemnify, and hold harmless IU, including its officers, employees, and agents, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my Child may be liable to any other person or to IU that arises out of my Child’s participation in the Program.

6. In the event of an accident or serious illness, I hereby authorize representatives of IU to obtain medical treatment and transport for my Child on my behalf. I waive my right to receive informed consent prior to such transportation or treatment. I hereby hold harmless and agree to indemnify IU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from the medical treatment or transport. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

7. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to this Program that purports to establish the venue for any litigation arising from this Program, I agree that I will file no action against The Trustees of Indiana University or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Program, in any court other than the Circuit Court of Monroe County, Indiana.

8. I understand and agree to all of the terms of this Agreement. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my Child, but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

__________________________________________  __________________________
Child's name                                      Parent/guardian name
__________________________________________
Parent/guardian signature

Date
I (“Participant”) authorize The Trustees of Indiana University (“IU”), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice (“Recordings”). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute, and sell the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings.

I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU’s future use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

Location of Recordings  Indiana University

Date(s) of Recordings __________________________________________

Participant’s Signature __________________________________________ Date __________ / __________ / __________

Participant’s Printed Name __________________________________________

Address ______________________________________________________

City __________________________ State __________ Zip __________

Phone _______________________ Email __________________________

If Participant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian’s Signature __________________________________________

Parent/Guardian’s Printed Name __________________________________________