

# International Euphonium Tuba Festival

## Liability Waiver and Release

I, (print full name): \_\_\_\_\_ (Date of birth): \_\_\_\_\_ hereby waive and release and hold harmless all parties involved with the International Euphonium Institute to be held at Emory University from June 17 – 25, 2017.

I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the activities, transportation to and from the activities and in any independent activities undertaken as a participant, and in advance, I release, waive, forever discharge, and covenant not to sue Emory University, The International Euphonium Institute, Adam Frey, Euphonium.com, LLC, and the Euphonium Foundation Inc., their employees, agents and representatives (“RELEASEES”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I (“PARTICIPANT”) may have or that may hereafter accrue to one or both of us, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained or any property belonging by him/her and me, whether caused by the negligence of RELEASEES or otherwise, while in, on, or in transit to or from the premises where the activities, or any adjunct to the activities, occurs or is being conducted.

I understand and agree that RELEASEES do not have medical personnel available at the location of the activities. I hereby grant my permission for RELEASEES to authorize emergency medical treatment at an emergency care facility and/or Student Health Services (“AUTHORIZED EMERGENCY MEDICAL TREATMENT”), if necessary, and that such action by RELEASEES shall be subject to the terms of this Authorization and Release Agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection with such Authorized Emergency Medical Treatment. Further, I understand that the International Euphonium Institute does not provide accident/health insurance for camp participants, and I assume personal and financial responsibility for any such medical care and treatment.

I have read this statement and understand its contents.

[  ] Yes [  ] No Does the participant have a chronic health problem of which the staff or organizers should be made aware? If “Yes,” please include a short explanation (attach another sheet if necessary),

Explanation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **In case of an emergency, please contact this address and phone number:**

Address: \_\_\_\_\_

My health insurer is:

\_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_

Policy No: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Group No.: \_\_\_\_\_