WRIGHT STATE UNIVERSITY
INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY & ASSUMPTION OF RISKS FORM

Wright State University Honor Band Festival & home billet overnight housing
Wright State University Dayton Campus, Creative Arts Center
3640 Colonel Glenn Hwy; Dayton, OH 45435
February 20, 2020 3pm to February 22, 2020 3pm

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BY PARTICIPANT (AND PARENT/GUARDIAN IF PARTICIPANT IS MINOR UNDER 18) BEFORE PERMISSION TO PARTICIPATE IN THE ABOVE REFERENCED ACTIVITY WILL BE GRANTED.

PARTICIPANT INFORMATION

Name of Participant _____________________________________________________________
Street Address ______________________ City_____________ State_______ Zip__________
Phone Number (      )_______________ Date of Birth ________________

Please check one or both of the following:
1. _____ I/my child will be attending the Honor Band Festival only.
2. _____ I/my child would like to be assigned to a home billet with an undergraduate music student.

I/we, the undersigned, wish to participate in the above referenced activity on the date(s) and location(s) indicated above and, in consideration for my participation, I/we hereby agree as follows:

I/we understand that participation in the Honor Band Festival and/or home billet housing option may include being transported by a Wright State University (WSU) student in a privately-owned vehicle to and from the university, and overnight lodging in a campus dormitory or off-campus dwelling with a WSU undergraduate music student could involve the risk of property loss, physical injury, illness, disability or death, and despite safety precautions, WSU cannot guarantee the safety thereof, as all risks cannot be predicted. WSU does not provide health and accident insurance for participants, and I/we understand that any medical expenses, property loss, or other personal expenditures that occur during or as a result of this activity, are to be borne by the participant, or by the parent or guardian (if participant is a minor). I/we also hereby consent, give authorization to, and release from liability WSU activity leaders who obtain emergency medical treatment in the event the participant is unable to.
I/we further acknowledge that if I/my child drives his or her own vehicle, or is a passenger in another’s private vehicle in connection with this activity, that WSU’s insurance does not cover such a private vehicle. I/we also understand that WSU cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that I/my child might choose to participate in before, during or after the university sponsored function, and I/we therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this activity noted within; and with full understanding of the above issues/conditions and risks, I/we hereby release, indemnify and hold harmless the State of Ohio, Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Activity Staff, and all other officers, directors, employees, volunteers and agents from any and all liability as to any right of action that may accrue for any injury or loss that I/my child may suffer while participating in this activity.

This RELEASE shall be governed by and construed under the laws of Ohio.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/Our signature(s) on this document is/are intended to bind not only myself/ourselves and my/our Child but also the successors, heirs, representatives, administrators, and assigns of myself/ourselves and my/our Child.

Signature of Student/Participant  

Signature of Parent or Guardian  
(needed if student/participant is a minor- under 18)

Print Student/Participant Name  

Print Parent/Guardian Name

Date  

Date
MEDICAL INFORMATION

Wright State University requests the information below so that, in case of emergency, the University will have accurate information to enable Activity staff to provide and/or seek appropriate treatment for you/your child.

GENERAL INFORMATION

Participant Name: 

Parent(s)/Legal Guardian(s) Name (if applicable): 

Street Address: City State Zip 

Home Phone ( ) Work Phone ( )

Please list two emergency contacts:

Name of Emergency Contact #1: 

Home Phone Work Phone Cell Phone Relationship 

Name of Emergency Contact #2: 

Home Phone Work Phone Cell Phone Relationship 

It is recommended that you consult with your physician prior to participating in this Activity. If you are uncertain about any preexisting medical conditions that may prohibit you/your child from participating safely in this Activity, it is your responsibility to consult with your own physician prior to participating in this Activity.

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name/Address Policy# 

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM