

WRIGHT STATE UNIVERSITY

INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY & MEDICAL INFORMATION FORM(S)

Wright State University Honor Band Festival
Wright State University Dayton Campus, Creative Arts Center
3640 Colonel Glenn Hwy; Dayton, OH 45435
February 13, 2025 4pm to February 15, 2025 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 _____

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 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



WRIGHT STATE UNIVERSITY MEDIA, PHOTO, & VIDEO RELEASE FORM

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

I hereby grant my permission and consent to Wright State University, its Board of Trustees, administrators, faculty, staff, affiliates, and agents ("Wright State University") to photograph, video record, and/or audio record me.

I hereby grant Wright State University a perpetual, irrevocable, world-wide, royalty-free right and license to reproduce, use, exhibit, display, broadcast, distribute, modify, adapt, and/or create derivative works of photographs, videotaped images, and/or video/audio recordings of myself ("Materials"). I understand that these Materials may be used in the following ways, including but not limited to, publications, catalogues, brochures, books, magazines, videos, electronic media, web sites, promotional materials, and/or commercial, informational, educational, advertising ("Works"). I understand that the Works may be used in connection with Wright State University business, the activities of Wright State University, and/or for promoting, publicizing, or explaining Wright State University activities or events.

Materials may appear in any of the wide variety of formats and media now available to Wright State University and that may be available in the future, including but not limited to print, broadcast, video, and electronic/online media. I waive my right to inspect or approve any Works that may be created by Wright State University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that Wright State University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by Wright State University. I also understand that I will not receive compensation in connection with the use of my image and I hereby waive any right to royalties or other compensation arising from or related to the use of the Materials or Works.

I hereby agree to release, indemnify and hold harmless Wright State University from and against any and all claims, damages, or liability arising from or related to the use of the Materials or Works, including but not limited to claims of defamation, invasion of privacy, rights of publicity, or copyright infringement.

This RELEASE contains the entire agreement between the parties. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

SIGNATURE AND COMPLETE INFORMATION IS REQUIRED.

Name _____ Age (if minor): _____

Signature _____ Date: _____

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR.

I am the parent and/or legal guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

For more information, visit wright.edu/marketing/services/policies-guidelines-and-release-forms.