

# UNC Music Workshop

## General Release and Indemnity Form

As a part of the consideration for my/my child's participation in the **UNC Music Workshop**, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents, as well as Granville Towers facilities and/or employees, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while participating in such activity, except damages or injuries that are attributable to the negligence of the University, its employees or agents.

I am aware of the risks and hazards associated with this activity, including travel to and from the activity, and I acknowledge that I am/my child is required to follow the code of conduct in the **Workshop Rules and Regulations**. I acknowledge that my/my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and any property damage that may be sustained by me or my child as a result of such activity. I hereby give permission to the UNC Department of Music to use my/my child's name and photographic likeness in all forms and media (e.g., videos and/or local newspaper stories) where coverage of the **UNC Music Workshop** may appear.

By return of this form, I agree to inform the UNC Department of Music of any health or medical condition or need that may affect my/my child's participation in this program. I understand that I must make provision before my/my child's arrival in Chapel Hill for continuation of medical treatments such as prescriptions or special diets. In the event of illness or injury, I hereby authorize the program director, staff, or other agents to obtain emergency or other medical treatment for me/my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

This release and hold harmless agreement is binding on myself, my child, my heirs, my assigns, and personal representatives. By signing on the line designated for signature of parent or guardian below, I acknowledge that I am the parent or guardian of \_\_\_\_\_, that I am 18 years old or more, and that, if my child is age 18 or more, I am signing this form to indicate that I am aware of its contents and the contents of the code of conduct.

**Please print.**

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Insurance Company and Policy #: \_\_\_\_\_

**Special diet, allergies or prescriptions required** (cont. on back as needed): \_\_\_\_\_

\_\_\_\_\_