

# Sycamore Drum Major Clinic Waiver Form/Medical Treatment Authorization

(Please return with application and payment to the address below.)

I/We do hereby present to Indiana State University this Waiver Form/Medical Treatment Authorization for:

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Participant's Name (Please Print)

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Participant's social security number

who is enrolled in the Sycamore Drum Major Clinic to be conducted under the auspices of Indiana State University and the Drum Major Clinic Staff and do hereby waive any and all rights and claims against Indiana State University, its trustees, officers, agents, and employees, or the staff of the Drum Major Clinic arising in or out of the above's participation in this clinic.

I/We understand and agree that Indiana State University shall provide only emergency medical treatment for any injuries suffered by the undersigned participant while participating in this clinic and do hereby authorize such medical and/or surgical treatment as deemed necessary by the medical purvey thereof to the above named minor while participating in this activity under the auspices of the staff of the ISU Drum Major Clinic, and I/we assume full responsibility for all medical expenses incurred as a result of injuries suffered by the undersigned participant's participation in this clinic.

It is agreed that this waiver of liability is submitted to Indiana State University as an inducement to enroll the undersigned student in said workshop/camp and this agreement is signed as the undersigned's free and voluntary act with full knowledge of the contents thereof.

I/We have the read the student guidelines and agree to abide by them. It is understood that students not willing to live within these guidelines will be sent home without refund.

I/We hereby grant to Indiana State University, its legal representatives and assigns, those for whom ISU is acting and those acting with ISU's authority and permission, the irrevocable and unrestricted right and permission to copyright in ISU's name or otherwise, and use; publish, and republish photographic portraits or pictures of me or in which I may be included, in printed material and electronically, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby waive any right that I may have to inspect or approve the finished product or products and advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

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Participant's signature (if over 18 years of age)

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Age

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Date

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Parent or Guardian (if student is under 18 years of age)

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Date

Please return with application and payment to:

Sycamore Drum Major Clinic  
c/o Doug Keiser  
School of Music  
Indiana State University  
Terre Haute, IN 47809