

2016-2017

Musician Last Name \_\_\_\_\_



**MUSICIAN PARTICIPATION FORM**

Musician Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Instrument: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

CONTACT INFO	Musician	Parent 1	Parent 2
Email			
Home Phone			
Cell Phone			
Address			

**Receipt and Acknowledgment of Musician Handbook**

I have read and agree to the policies outlined in the Music Is Instrumental, Inc. Musician's Handbook. I understand that failure to abide by these policies may result in my involuntary dismissal from the honor band, and forfeiture of all fees paid to Music Is Instrumental, Inc.

Musician Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**General Waiver of Liability, Release and Hold Harmless Agreement**

In consideration of the grant of membership in an honor band organized by Music Is Instrumental, Inc. ("MII"), I hereby promise not to sue, release, waive, and discharge, MII's officers, board members, volunteers, contractors, employees and/or facilities providers (collectively "the Releasees") and their heirs or assigns, from any and all liabilities, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by me, or any property belonging to me or in my care or custody (including any musical instrument) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE related to my participation in activities organized by MII. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs including court costs and attorney fees that they may

incur related to my participation in said activities WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I expressly intend for this WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT to be binding upon me, my family, my heirs, my spouse, my personal representative, and assigns. This agreement shall be construed in accordance with the laws of the State of North Carolina.

**Musician Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Parent/Legal Guardian Medical Emergency Authorization**

In the event of a medical emergency while my child is participating in a Music Is Instrumental, Inc. (“MII”) organized activity, I authorize MII officials to release the following information to the healthcare provider. I understand MII officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required, I consent to the MII officials arranging for and consenting to the procedures or treatment in their discretion. I will pay the costs of any such medical procedures or treatment.

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

<b>EMERGENCY CONTACTS</b>	<b>First Contact</b>	<b>Second Contact</b>
Name		
Relationship		
Day Phone	(    )    -	(    )    -
Night Phone	(    )    -	(    )    -
Mobile Phone	(    )    -	(    )    -

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Last Tetanus Booster:** \_\_\_\_\_

**Medication Routinely Taken:** \_\_\_\_\_

**Special Health Concerns:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_