



ISU Department of Music and Theatre
149 Simon Estes Music Hall
2427 Union Drive
Ames, IA 50011
(515) 294-3831

**Iowa State University Department of Music and Theatre
Student Participation Agreement and Parental Permission Agreement
Private Music Lessons – Youth**

Participant's Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Guardian(s): _____ **Email:** _____

Program Supervisor: _____ **Instrument:** _____

Date(s) of Participation: _____

Image/Voice Permission

During activities, photographs or video/audio recordings may be taken. Unless you request otherwise, your signature below is permitting Iowa State University and the faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future, without any restrictions. If you object to ISU using your image or voice in this manner, please notify the program faculty or staff prior to participating.

Medical Emergency

Emergency Contact Information

Name: _____ **Relation to Participant:** _____

Home Phone: _____ **Cell Phone:** _____

Medical Emergency Notice

I understand that I must be healthy and reasonably fit to safely participate in this ISU youth program. I will inform the supervisor/program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU program faculty and staff in charge to provide routine first aid and seek emergency treatment including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing, or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by the Department's faculty and staff in charge to secure and administer treatment for me, including hospitalization. ***ISU does not provide health insurance for participants in this event/activity.***

Agreement and Attachment(s) Record Retention: Signed original – Department is to save until each student reaches 20 years of age; Scanned copy – send to youth@iastate.edu



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Behavior of Participant

The participant must abide by Iowa State University’s Code of Conduct expectations. These expectations can be found at <http://www.studentconduct.dso.iastate.edu/prohibited-conduct>. Failure to comply with the ISU Code of Conduct may result in revoked participation privileges.

Assumption of Risk and Release of Liability (please read carefully)

I, _____ (name) as the parent or legal guardian of _____ (participant name), grant permission for my child to participate in the above-described youth program. This Participation Agreement, Parental Permission Agreement, Assumption of Risk, and Release of Liability must be read carefully and signed by the participant and the parent or legal guardian of each person under 18 years of age who will participate. I acknowledge that these activities may involve certain risks and possible injury, and that Iowa State University and the participating Department are not liable if injury does occur. Nonetheless, I wish for my child to participate in the above-named youth program at Iowa State University and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents - State of Iowa, Iowa State University and the above- named program and their officers, employees and agents (herein after referred to as RELEASEES) from any and all claim and/ or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the above-named youth program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

By signing this document, participants and parents/guardians acknowledge and agree to the provided terms and conditions of Student Participation Agreement and Parental Permission Agreement.

 Participant’s Name (Please Print)

 Participant’s Signature

 Date

 Parent/Guardian Name (Please Print)

 Parent/Guardian Signature

 Date

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