

SALIBURY UNIVERSITY YOUTH SYMPHONY
MEDICAL RELEASE

My minor child, _____, is registered to participate in the Salisbury University Youth Symphony ("Activity"). I acknowledge that my minor child's participation in the Activity is wholly voluntary and that by registering my minor child in the Activity I have agreed to allow their participation.

1. I agree to report to appropriate University representatives any condition my minor child has that may require special medical attention or accommodation prior to the start of the Activity. I understand that the University will not provide health or accident insurance and I am hereby advised that I may acquire my own insurance for the benefit of my minor child.
2. I certify that my minor child is fully capable of participating in the Activity without causing harm to himself or others. I will notify the University's representatives if I desire that my minor child not participate in any part of the Activity, including field trips, or if I believe that s/he is unable to participate due to illness, injury or other medical condition.
3. I understand that the University does not have medical personnel available at the location(s) of the Activity. I grant the University permission to authorize emergency medical treatment for my minor child, if necessary. I understand and agree that the University assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.
4. I acknowledge that the University is not responsible for any property damage or loss during the Activity unless caused by the gross negligence of the University.

I have signed this Medical Release in full recognition and appreciation of the dangers, hazards and risks of the Activity and I represent that my minor child's participation in the Activity is wholly voluntary.

Parent/Guardian Signature

Date

Print Name

Print Name of Minor Child