UT MARTIN WOODWIND DAY

ACTIVITY AND EVENT ACCEPTANCE FORM

Please print
Name

(Last) (First) (M.)

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

Activity and Event Acceptance Form for UT Martin Woodwind Day
(event or activity)

A. IDENTIFICATION OF PARTICIPANT
Date of Birth __________________________ Age __________________________ Sex: ☐ Male ☐ Female
Parent or Guardian __________________________
Home Address __________________________________________________________________________
Street/P.O. Box ( ) City ( ) State ( ) Zip ( )
Cell Phone ( ) Daytime Phone ( ) Nighttime Phone ( )
Work Place Address _______________________________________________________________________

Emergency Contact (if appropriate) __________________________________________________________
(Name) ___________________________________________________________________________________
Address/City/State/Zip ( ) Phone, if different than above ( )

B. CODE OF CONDUCT
This activity is planned, conducted by the UT Martin Department of Music. All participants are responsible for their conduct to UT Martin Department of Music Woodwind Day personnel supervising the activity or event. Specific guidelines for conduct include:
A. Participants shall participate fully in all programs outlined for the activity or event.
B. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
C. Participants’ conduct at all times shall be appropriate to the standards and image of the Woodwind Day. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any time during the Woodwind Day.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future UT Martin Department of Music events or activities.

C. PARTICIPATION WAIVER
In consideration of my child’s participation in the University of Tennessee at Martin Woodwind Day or any other non degree program, I hereby release and agree to indemnify and hold harmless the University from all demands, claims, and suits, actions, or liabilities resulting from injuries or death to any persons or property loss by participant, University, or any person, howsoever caused, during the activity, for use of the University property, or occurring as a result of use of such space during the activity.
D. CONSENT FOR FIRST AID TREATMENT

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained Woodwind Day agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

☐ Bausch and Lomb® eye wash or generic equivalent (eye irritation)
☐ Benadryl® or generic equivalent (rash or bee sting)
☐ Calamine lotion/Caladryl® or generic equivalent (sunburn or poison oak/ivy)
☐ Emetrol® or generic equivalent (nausea)
☐ Hydrocortisone ointment or other equivalent (insect bites)
☐ Ibuprofen (pain)
☐ Imodium AD® or generic equivalent (diarrhea)
☐ Isodettes® spray or generic equivalent (sore throat)
☐ Lanacane® spray, Solarcaine® or aloe vera gel (sunburn)
☐ Milk of Magnesia®, Mylanta®, or generic equivalent (antacid)
☐ Neosporin® or generic equivalent (topical treatment for cuts)
☐ Pepto Bismol® or generic equivalent (upset stomach)
☐ Robitussin® or generic equivalent (nasal congestion/coughing)
☐ Swimmer's ear solution (earache)
☐ Tylenol® or generic equivalent (pain)
☐ Tylenol® cold tablets or generic equivalent (congestion)

E. EMERGENCY MEDICAL RELEASE

In consideration of ________________________‘s (participant’s name) participation in the UT Martin Woodwind Day, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to ________________________ (participant’s name), I hereby authorize University of Tennessee and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee and its representative(s) or agent(s) to provide the medical history form to healthcare personnel. I authorize any physician, healthcare provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photostatic copy thereof is equally valid as an authorization.

I recognize that the event’s sickness and accident insurance does not provide full coverage for participants in this activity or event. I accept responsibility for payments of those medical costs incurred for injuries or illnesses that are not covered by the University of Tennessee’s insurance.

Parent’s signature: ____________________________
Parent’s name (printed): ______________________ Date: ______________________
Child’s name: _______________________________
Medical Insurance Company: __________________________
Policy/Group number: __________________________
Insured’s name: ______________________________
Dependent’s medications: ________________________
Dependent’s allergies or chronic medical conditions: _____________________________

**IN CASE OF EMERGENCY, NOTIFY:**

**First Contact**
Name: ____________________________________________________________
Relationship: ______________________________________________________
Work phone: ______________________________________________________
Cell phone: _______________________________________________________
Home phone: ______________________________________________________

**Second Contact**
Name: ____________________________________________________________
Relationship: _____________________________________________________
Work phone: ______________________________________________________
Cell phone: _______________________________________________________
Home phone: ______________________________________________________

**F. PUBLICITY RELEASE FORM**
For the purposes of marketing and public relations, photographs will be taken of UT Woodwind Day participants in rehearsals, performances and recreational time. These photographs will be used for the Woodwind Day publicity materials for the following year and the UT Martin Department of Music social media websites. Participant’s personal information (name, address, school) will not be shared publicly.

_____ I give permission for my child to be photographed during program sessions to be used for publicity purposes.

_____ I DO NOT give permission for my child to be photographed during program sessions.
Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

<table>
<thead>
<tr>
<th>Parent’s Initials</th>
<th>and</th>
<th>Participant’s Initials</th>
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<tbody>
<tr>
<td></td>
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<td>A. Identification of Participant</td>
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<td>B. Code of Conduct</td>
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<td>C. Participation Waiver</td>
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<td>D. Consent for First Aid Treatment</td>
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<td>E. Emergency Medical Release</td>
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<td>F. Publicity Release</td>
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* If for religious reasons you cannot sign this section, contact the Event Director for a legal waiver that must be signed in order to participate.

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed ___________________________ Date ___________________________

(Parent or Guardian Signature) (Month/Day/Year)

Signed ___________________________ Date ___________________________

(Participant’s Signature) (Month/Day/Year)