

**UNIVERSITY OF WYOMING YOUTH PROGRAM
RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD
HARMLESS**

PROGRAM NAME: *Summer Flute Intensive*

PROGRAM LOCATION: *Buchanan Center for the Performing Arts*

PROGRAM DATES: *June 20-22nd*

- I am in receipt of a Program itinerary and description of the activities of the Program referenced above. I, the undersigned, wish for my child, identified as the Participant below, to participate in all of the activities of the above referenced Program on the dates listed above and in consideration of my child being allowed to participate I agree as follows:

- I am aware that while participating in the Program there are dangers, hazards and inherent risks, both known and unknown, to which my Child may be exposed and participating involves a risk of injury or injuries ranging from minor injuries such as bruises, cuts or scrapes, to serious injuries such as paralysis or even death. I am aware that such an injury can limit my child's future life activities, including future earning capacity. I am aware that there are also risks of property damage or loss.

- I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

- In consideration of the University of Wyoming, providing my child with the opportunity to participate, I hereby assume all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation. The terms hereof shall serve as a release and assumption of risk for myself, my child, and my child's and my heirs, estate, executor, administrator, assignees and for all members of our family.

- I have read the above statement and fully understand the contents, consequences and implications of signing this document.

Participant Name: _____

Participant Address: _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____

Date: _____

UNIVERSITY OF WYOMING

Department of Visual & Literary Arts
Dept. 3138
1000 East University Avenue
Laramie, WY 82071

MODEL RELEASE

I, _____, (_____), do hereby authorize the University

Print student name

Age

of Wyoming, its agents, successors, and assigns, and the *Summer Flute Intensive* to use and reproduce photograph(s) in which I appear in official University of Wyoming and *Summer Flute Intensive* publications, including, but not limited to, social media posts and videos for the University of Wyoming. I waive any right that I may have to inspect and approve said photograph (or any copy that may be used in connection therewith) or to receive compensation for the use of said photograph.

Student Signature

Parent or Guardian Signature*

**If student is under the age of 18, a parent or guardian is required to sign.*

City, State and Zip Code

Phone Number

Date