

**PARTICIPATION AGREEMENT AND RELEASE FROM LIABILITY**

[Start and end date(s) of the program or activity]

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, desire for my child to participate in the SSM Visit/Audition, and, in consideration of my child being allowed to participate in the SSM Visit/Audition, I hereby acknowledge and agree as follows:

1. I understand that I am responsible for my child's own transportation to and from the Rice University campus. If necessary, it is my responsibility to confirm the schedule in advance with the Music Admissions organizers.
2. I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child's participation in the SSM Visit/Audition. My child is in sufficient health and able to participate (with or without an accommodation) in the SSM Visit/Audition, and I will contact the Music Admissions organizers if there is a need to request an accommodation. I have medical insurance coverage appropriate for my child's participation in the SSM Visit/Audition and have provided such insurance coverage information and emergency contact information to Rice University. I understand that neither Rice University nor the Shepherd School are providing any insurance for my child in connection with my child's participation in the SSM Visit/Audition.
3. I understand that if my child requires medical treatment while participating in the SSM Visit/Audition, an attempt will be made to notify me. In the event that I cannot be contacted, or if contact is impractical under the circumstances, I consent to medical treatment for my child as may be deemed necessary under the circumstances, including but not limited to x-ray examinations, surgery and anesthesia, and I will be responsible for any and all medical expenses.
4. If my child's participation in the SSM Visit/Audition is at any time deemed disruptive to SSM activities or processes or its faculty, staff, students or other visitors, as determined by the SSM staff in their sole discretion, I understand that my child may be asked to discontinue participation without Rice University or the organizers incurring any liability.
5. I also grant Shepherd School faculty permission to record my child's prospective student lesson/audition (video and audio) for reference and admission purposes only.
6. I fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, Rice University (including, but not limited to, its trustees, employees and representatives) from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses from any cause whatsoever (including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my child's participation in the SSM Visit/Audition, set up for, practice for, or transition during, or to or from the SSM Visit/Audition.
7. This Agreement constitutes the entire agreement about the subject matters it addresses and is governed by the laws of the State of Texas. If any provision of this Agreement is held unenforceable this will not affect any other provision and this Agreement shall be construed as if the unenforceable provision had not been incorporated in this Agreement. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding and enforceable upon me and my family, estate, heirs and legal representatives, (iii) intend that this Agreement benefit Rice University. I acknowledge that my child is voluntarily choosing to participate in the SSM Visit/Audition.

IN WITNESS WHEREOF, I have duly executed and delivered this Agreement as of \_\_\_\_\_, 20

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Parent's or Legal Guardian's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Carrier and Policy No.: \_\_\_\_\_