

- PLEASE COMPLETE BOTH SIDES -

**WSU Saxophone Quartet Festival
MEDICAL INFORMATION FORM**

(Note: Medical information contained herein will be held in strict confidentiality, and will be made available only by an authorized Wright State University representative associated with the WSU Saxophone Quartet Festival to appropriate medical personnel in case of emergency)

Student Name (Please Print) _____

In case of emergency, contact: Name _____ Phone (____) _____

Relationship to you: _____

Your Primary Physician's Name: _____ Phone (____) _____

1. Are you currently under a physician's care or taking any prescription medication(s)?

_____ YES _____ NO

If YES, list name of doctor, and condition(s)/prescription(s): _____

2. Are you allergic to any medication(s)? _____ YES _____ NO

If YES, please list: _____

3. Please note any physical conditions you have that may require medical attention (diabetes, seizures, contact lenses, etc.)

Participating Student's Signature (required)

Date

Custodial Parent/Legal Guardian #1 Signature (required)

Date

Custodial Parent/Legal Guardian #2 Signature (optional)

Date

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**WSU Saxophone Quartet Festival
ASSUMPTION OF RISK AND RELEASE**

I, _____
Print Name

Date of Birth

No./Street Address

Social Security Number

City, State, ZIP

(_____) _____
Home Telephone Number

do hereby state that I am presently a high school student selected for participation in the WSU Saxophone Quartet Festival, to be held **November 14, 2009**, on the campus of Wright State University in Dayton, Ohio. With the full knowledge and consent on my parent(s)/legal guardian(s), and my high school band director, I accept this invitation to attend and participate in this festival of my own free will. Respectively, I hereby certify to Wright State University that I have no known medical problems or conditions that would prevent me from participating in the WSU Saxophone Quartet Festival, and the festival's related functions and activities that occur either on or off campus.

In case of a medical emergency, my parent(s)/legal guardian(s) and I authorize Wright State University or its duly authorized agents to transport me to a health facility-hospital for medical care if it is deemed necessary. We further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide me with medical treatment.

My parent(s)/legal guardian(s) and I understand and voluntarily assume responsibility for any injury, loss or damage resulting directly or indirectly from my participation in this festival, including transportation to and from the Wright State University campus preceding the festival, during the festival, and immediately following the festival event. Therefore, my parent(s)/legal guardian(s) and I will not institute any negligence or other claim against Wright State University, its agents, or any other persons who could be held liable either in their individual or official capacities.

My parent(s)/legal guardian(s) and I agree to hold the above named parties harmless from any liability for any personal or property injury. My parent(s)/legal guardian(s) and I hereby fully release and discharge Wright State University from any negligence or other claim for liability, loss or damage.

My parent(s)/legal guardian(s) and I understand that my participation in the WSU Saxophone Quartet Festival is performed under this specific understanding. My parent(s)/legal guardian(s) and I have read and understood the foregoing and voluntarily sign this Agreement with full knowledge of its significance.

Participating Student's Signature (required)

Date

Custodial Parent/Legal Guardian #1 Signature (required)

Date

Custodial Parent/Legal Guardian #2 Signature (optional)

Date

— PLEASE COMPLETE OTHER SIDE —