

TCU Summer Music Institute

The following forms are required to be completed and returned to the TCU Summer Music institute before your son or daughter can participate in our summer programs.

- TCU Hold Harmless and Consent Agreement
- TCU Authorization for Medical Care
- Photocopy of your medical insurance card - front and back

Please print out the forms below, complete all of the required information, and return them to the TCU Summer Music Institute.

These materials can either be mailed to the TCU School of Music or brought with you to registration on the first day of the camp or workshop.

TCU School of Music
TCU Box 297500
Fort Worth, TX 76129
Attn: (name of camp or workshop)

If you have questions regarding these materials, please contact the TCU Summer Music Institute at 817-257-7341.

TCU Instituto de Música del Verano

Los siguientes formularios deben ser llenados y devueltos al TCU Instituto de Música del Verano antes de que su hijo o hija pueda participar en nuestros programas de verano.

- TCU Cláusula de Responsabilidad y Consentimiento
- TCU Autorización para la Atención Médica
- Fotocopia de la tarjeta de seguro médico – copia por ambos lados

Por favor imprima los formularios de abajo, complete toda la información requerida, y devolverlos a la TCU Instituto de Verano de Música.

Estos materiales pueden ser enviados por correo a la Escuela de Música de TCU, o usted los puede traer para la inscripción el primer día del campamento o taller.

TCU School of Music
TCU Box 297500
Fort Worth, TX 76129
A la atención de: (nombre del campo o del taller)

Si tiene alguna pregunta sobre esta información, por favor póngase en contacto con el TCU Summer Music Institute al 817-257-7341.

**TEXAS CHRISTIAN UNIVERSITY
STUDENT/PARTICIPANT
HOLD-HARMLESS AND CONSENT AGREEMENT**

Participant Name: _____

Course/Activity: _____

Activity Dates: _____

Sponsor: TCU Summer Music Institute

For and in consideration of being permitted to participate in the TCU program indicated above (including related travel if any) above, I, the undersigned Student/Participant and my parent(s), as signers of this agreement in the event I am not eighteen (18) years of age or older, hereby agree(s) and consent(s) to the following:

I, THE UNDERSIGNED STUDENT/PARTICIPANT, HEREBY FULLY RELEASE AND FOREVER DISCHARGE, Texas Christian University and all instructors, sponsors agents, employees, officers, director and trustees of Texas Christian University (collectively "TCU") of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any and all claims, demands, controversies, actions or causes of action, which I may now or in the future own or hold for any injury to my person or property or any injury resulting in my death, arising directly or indirectly out of participation for any purpose in the Course/Activity described above, or any first aid, medical treatment or services rendered me during or as a result, either direct or indirect, out of my participation in the above-described Course/Activity, regardless of the cause of such injury, damage or expense, and **REGARDLESS OF WHETHER OR NOT SUCH INJURY, DAMAGE OR EXPENSE IS CAUSED BY THE SOLE NEGLIGENCE OF TCU OR THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OF TCU.**

I FURTHER AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS TCU from any loss, liability, damage and expense, including but not limited to attorneys' fees and court costs, which TCU, collectively and/or individually, may incur as a result of any claim or suit by any person relating in any manner, directly or indirectly, to my participation in the Program. **WHETHER CAUSED BY THE SOLE NEGLIGENCE OF TCU OR THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OF TCU.**

Texas Christian University has urged me to verify that I have insurance coverage which extends to me while participating in the above described Course/Activity. Texas Christian University has encouraged me to secure such coverage, if such coverage is not present I understand that Texas Christian University does not provide such coverage.

This Release contains the entire agreement between the parties hereto. And the terms of this Release are contractual and not a mere recital.

In making this release and Hold-Harmless Agreement, I have not relied upon any statement or representation pertaining to this matter made by any person or persons representing or employed by them.

I STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND HOLD-HARMLESS AGREEMENT AND KNOW THE CONTENTS HEREOF AND SIGN SAME AS MY OWN FREE ACT. I am fully competent and Execute this Release and Hold-Harmless Agreement for full, adequate and complete consideration fully intending to be bound by same. Each covenant and obligation of the Student/Participant shall also constitute, joint and several, a covenant and obligation of each parent and/or guardian of the Student/Participant as named by law.

Date: _____

Student/Participant

If the Student/Participant is not eighteen (18) years of age or older, the signature of the Student/Participant's parents or guardians on the signature lines herein after provided is also required.

As parents(s) or guardian(s) of the above mentioned Student/Participant. Each of the undersigned, for the consideration stated above, agree to and approve the terms of this Release and Hold-Harmless Agreement and Consent Form and warrant that each of us, individually and collectively, have full authority to do so on behalf of ourselves and the Student/Participant and each of the undersigned further bind ourselves, jointly and severally, to perform each of the obligations of the Student/Participant above described.

Date: _____

Parent or Guardian

**Texas Christian University
Authorization for Medical Care**

Student's full (legal name): _____

Day time emergency contact: _____

Relationship: _____ Telephone: _____

Is student currently being treated for a medical condition? _____ Please list: _____

Is student currently taking any medications: _____ Please list: _____

Does student have any food or other allergies we should be aware of? Please list:

Is student allergic to any medications? _____ Please list: _____

Other information to assist with student emergency care: _____

Height: _____ Weight: _____ Age: _____

I hereby represent that I am the parent and/or legal guardian having legal custody of the above named minor Student. I authorize Texas Christian University to seek and obtain any medical treatment for the Student in the event of an emergency when efforts to contact me are unsuccessful and/or when, in the judgment of the program director, the injury or illness appears to require immediate medical attention. I further authorize Texas Christian University to refer the Student to private care providers if special service is necessary and efforts to contact me are unsuccessful. I understand that an attempt will be made to contact me in the event that medical care is needed unless immediate medical attention is necessary and, in such event, an attempt to contact me will be made as soon as possible. I further understand and agree that I am responsible for any and all medical expense incurred as a result of bodily injury to, or illness of, the participant named while on Texas Christian University campus, including, but not limited to transportation to the other medical facilities, as well as private follow-up care.

Parent/Guardian Signature

Date

*****participants must provide a copy of current medical insurance card with this form**