

**William Carey Univ. Honor Band Clinic
Hold Harmless Agreement**

Student Name _____ **Cell phone #** _____

Address _____ **Home phone#** _____

Name, address, and phone number(s) of person to notify in case of an emergency:

(Please Print)

Name: _____ **Relation** _____

Address _____

Home Phone: _____ **Work Phone** _____

Cell Phone: _____ **Additional Phone:** _____

Release, Indemnification and Hold Harmless Agreement

I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness, I hereby authorize William Carey University and/or my individual school's chaperone/director by and through its authorized representative(s) in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse William Carey University and/or my individual school's chaperone/director for any expenses which it might suffer on account of said injury or treatment thereof. With this event William Carey University will always defer to the individual school's chaperone/director. When this is not possible, the William Carey University will act in accordance with which they deem best for the health of the student.

I expressly understand and agree to release William Carey University, its agents, employees, staff and officials from any and all claims, of whatever nature, for injuries or damages I may sustain resulting from my participation in the WCU Honor Band Clinic. I further agree to indemnify and hold harmless William Carey University, its agents, employees, staff, and officials from any other expense, of whatever nature, William Carey University, its agents, employees, staff, or officers may incur due to said claim for injuries or damages.

I also understand that I am a guest at William Carey University and am required to abide by all policies and procedures as stated in the 2015/2016 William Carey University Student Handbook.

Student Signature _____

Date _____

Parent Signature _____

Date _____