

**MEDICAL INFORMATION/TREATMENT AUTHORIZATION
PHOTO, VIDEO, and AUDIO RELEASE FORM/TRANSPORT PROXY AUTHORIZATION**

This form must be completed and signed before participating in a Jacobs School of Music Pre-College or Summer program.

Participant name: _____ **Program:** _____ **Session:** _____

Allergy/Medical Condition Information:

Please list any allergy(ies) or other medical condition of which the Program should be aware:

Medical Treatment Authorization:

In case of an emergency, I authorize the Program to take the "Participant" to the nearest medical facility and further authorize that facility and any of its staff or any licensed physician to perform necessary medical treatment (such as admission to hospital, surgery, administration of medication, general treatment). I/we agree to be fully responsible for all costs of such treatment. I authorize treatment in the Hospital's Emergency Department as needed.

Photo/Video/Audio Release:

I ("Participant") authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, sell and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings.

I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

Emergency Contact

In case of an emergency, please contact the following:

1. Name: _____ Phone number(s): _____
2. Name: _____ Phone number(s): _____

Transport Proxy (complete only if "Participant" is a minor)

I understand that Indiana University and the Jacobs School of Music Pre-College and Summer Programs requires all students to be accompanied by an adult to and from their scheduled classes and rehearsals. If I decide to allow my child to walk to and from his/her program without an adult, I understand that I am waiving the recommendations of Indiana University and the Jacobs School of Music for the safety of my child.

The following people are authorized to pick up my child (if minor allowed to leave unaccompanied, please write their name):

1. _____ Relationship to child _____
2. _____ Relationship to child _____
3. _____ Relationship to child _____

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

Participant's Signature: _____ Date: _____

Participant's Printed Name: _____ Phone number(s): _____

If Participant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____ Phone number(s): _____