Indiana University Jacobs School of Music
Pre-College Programs Safety Form

Student's Name: __________________ Program student is enrolled in: ________________

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

If anyone other than those persons listed on my "Transport List" is going to pick up my child from any Jacobs School of Music Pre-College Program class, rehearsal, or performance, I will contact the program director 24-hours in advance. If anyone besides those listed on my "Transport List" request to transport my child from a Jacobs School of Music studio, class etc, I request that someone from the Jacobs School of Music Pre-College Program my child is enrolled in contact me before allowing my child to leave the Jacobs School of Music studio area.

In the case of an emergency, I understand that the Jacobs School of Music Pre-College Program that my child is enrolled in will first contact me then contact IUPD. In the event that I cannot be reached, I understand that the IU Pre-College Program will attempt to contact those listed on my "Emergency Contact List" and they may advise as to the appropriate action for my child. If no one can be reached, I understand that the IU Pre-College Program will contact the IUPD.

_________________________________________ Date __ __ __ __ __

(Parent's or Guardian's Signature)

Contact Phone Number __ __ __ __ __ __ __ __ Alternative Phone __ __ __ __ __ __

Emergency Contact Information
In case of an emergency, please contact:
1. __________________________ at __________________________

2. __________________________ at __________________________

3. __________________________ at __________________________

Child Transport Information
I will allow my child to be picked up by the following adults:

1. __________________________ Relationship to child __________________________

2. __________________________ Relationship to child __________________________

3. __________________________ Relationship to child __________________________

Approved by the Indiana University Office of Risk Management, February 2005.
Consent for Medical Treatment

I, _______________________________, am the parent or legal guardian of _______________________________
and I authorize (name of program) _____________________________________________________________
to obtain emergency medical treatment by an appropriate health care professional should the need arise while he/she is attending the program.

Signature____________________________________________ Date ________________________________

Medical Information

Participant's name__________________________________________
Age_____ Birthdate_____ Date of Last Tetanus_____

Past health/injuries __________________________ Present health ____________________________
_________________________ Allergic reactions ____________________________
_________________________ Present medication ____________________________

* Check here if the participant has special needs and might require accommodations to fully participate in the program. A staff member will contact the parent or guardian for details.

Other information that would be useful in the event medical treatment is necessary: __________________________________________________________

Insurance Information

Parents or legal guardians are responsible for the cost of a minor’s medical treatment. When available, insurance information will be processed by the health facility performing the treatment, otherwise you will be contacted for payment by cash, check or credit card.

Insurance company________________________________________ Address __________________________
City/State/Zip______________________________________________
Policyholder’s name________________________________________
Policy number______________________________________________

Contact People

In an emergency, parents or legal guardians can be reached as follows:

Name________________________ Relationship to minor __________________________
Address________________________ Daytime phone __________________________
City/State/Zip__________________ Evening phone __________________________
________________________________ Cell phone __________________________

Name________________________ Relationship to minor __________________________
Address________________________ Daytime phone __________________________
City/State/Zip__________________ Evening phone __________________________
________________________________ Cell phone __________________________

If other information would be helpful in contacting you, please indicate: Cell phone __________________________

PLEASE DO NOT EMAIL THIS FORM AS THE DOCUMENT CONTAINS SENSITIVE INFORMATION
Indiana University Jacobs School of Music ACCEPTANCE AND CONDUCT AGREEMENT

REQUIRED CODE OF CONDUCT FOR PARTICIPANTS 18 and under

It is required that all parents or legal guardians and participants 18 years of age and under accept the Jacobs School of Music Pre-College Code of Conduct Participation Agreement. This agreement must be signed by both the student and the parent/legal guardian. Your signatures ensure us that you fully understand and accept what is expected.

1. All participants are expected to behave in a respectful, responsible, and courteous manner towards faculty, staff and fellow students at ALL times. Participants (and their parent or legal guardian) will be held financially responsible for any damage to University property caused by participant, and participant will also be subject to appropriate disciplinary action up to and including dismissal from the program without any refund.

2. If it is brought to our attention that your child or dependent is not able to behave in a respectful, responsible, and courteous manner, or that he/she is not attending classes or rehearsals, we will call you and, at the University’s sole option, send him/her home immediately without any refund. The Pre-College Program accepts absolutely no responsibility for any behaviors in which your child or dependent may engage that are destructive or endangers themselves or others.

3. Absolutely no bullying is allowed. This includes verbal bullying through inappropriate comments, language, or otherwise. This also includes cyber bullying (e.g. social media, email, cell phones) and outside of the studio.

4. Absolutely NO DRUGS, ALCOHOL, FIREWORKS, FIREARMS, or other WEAPONS will be allowed at the program or on campus. Any person breaking this rule will be immediately dismissed without any refund. All University policies, city ordinances, and state and federal laws will be enforced. The Indiana University campus is non-smoking. This includes all dorms, buildings, and classrooms.

5. Pre-College participants may not leave campus at any time without supervision by staff or faculty, parent or guardian. Written authorization from the parent or legal guardian is required if someone other than the parent or guardian will be picking up a participant.

6. The waiting area is to be used for visiting quietly. Rude or unruly behavior will not be tolerated. Please do not stretch in the hallway in the middle of the floor.

7. Maintain a positive attitude, take corrections politely, and apply them as needed.

By signing this form, I agree that I have read and fully understand all of the above information. I understand that this Code of Conduct, as well the policies in the policy manual, will be enforced and applied. I further agree and understand that if my child or dependent fails to comply with the above Code of Conduct or any of the policies, he/she may, at the University’s sole option, be sent home immediately without any refund. I hereby release and fully discharge Indiana University and the Jacobs School of Music, including its officers, employees, and agents (collectively, “IU”), from any and all claims or causes of action, including all liability for damage to personal property or personal injury which may result from my child/dependent’s participation in the Pre-College Program, that may be brought by me or my child/dependent, or for any injury or loss that my child/dependent may suffer while participating in the Pre-College Program, whether caused by negligence or otherwise, to the fullest extent permitted by law. I further release, indemnify, and hold harmless IU, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my child/dependent may be liable to any other person or to IU that arises out of my child/dependent’s participation in the Pre-College Program. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my child/dependent, but also the successors, heirs, representatives, administrators, and assigns of myself and my child/dependent.

Parent/Guardian name ____________________________________________
(Please print)

Parent/Guardian’s signature ___________________________ Date __________

Student’s name ____________________________________________
(Please print)

Student’s signature ________________________ Date __________
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, 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.

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.

Location of Recordings: **Indiana University** Date(s) of Recordings: **Fall 2018**

Name of the Program

Participant's Signature ____________________________ Date __/__/____

Participant's Printed Name ____________________________

Address ________________________________________

City ____________________________ State __________ Zip __________

Phone ____________________________ Email ____________________________

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

Parent/Guardian's Signature ____________________________

Parent/Guardian's Printed Name ____________________________