



**Department of Music
UWG Saxophone Symposium
February 20, 2016
Registration Form**

Name: _____

Year in School (please circle): Junior High 10 11 12

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

School: _____

Band Director's Name: _____

Please provide the information below:

I play (please circle one)

soprano saxophone

alto saxophone

tenor saxophone

baritone saxophone

If needed to balance instrumentation I could bring (please circle one or more)

alto saxophone

tenor saxophone

baritone saxophone

All Participants are asked to bring a wire music stand.

Please return this form along and your **signed release form (parent/parental guardian and witness)** on the next page with a check in the amount of **\$35 per student (non-refundable)** payable to **UWG Saxophone Symposium** via regular mail **postmarked by Friday, February 5** to:

**Dr. John Bleuel
Music Department
University of West Georgia
Carrollton, GA 30118**

UNIVERSITY OF WEST GEORGIA (UWG)
RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE
(TO BE SIGNED BY ADULTS IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE)

Activity: UWG Saxophone Symposium

Date/Time: February 20, 2016 Location: UWG Campus

Acknowledgment and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware that the activity specified above may involve inherent risks of physical injury, illness or loss of personal property to the participant, and that the participant assumes all such risks.

I understand that equipment, facilities, grounds or personnel if any, which may be provided for the participant's protection may be inadequate to prevent serious injury. I also understand that there are potential risks of which the participant and I may not presently be aware.

In addition, I understand that participation in this activity (whether for practice, performance, or game) involves activities and risks incidental thereto including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and exposure to the possible reckless conduct of other participants.

Nevertheless, **the undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.** I understand that the acceptance of this Release and Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents and employees.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above referenced activity, on behalf of the participant, the participant's personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- a. **Waive, release, and discharge the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees from any and all negligence and liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the above referenced activity or event; and,
- b. **Indemnify, save, and hold harmless the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from the participant's actions during this activity or event.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

CAUTION: READ BEFORE SIGNING

Name of Minor: _____

Age of Minor: _____

Signature of Parent/Guardian: * _____

Date _____

Printed Name of Parent/Guardian: _____

Date _____

Witness: _____

Date _____