



**Department of Music
UWG Saxophone Workshop
June 18-23, 2012
Registration Form**

Name: _____

Year in School (please circle): 6 7 8 9 10 11 12

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

School: _____

Band Director's Name: _____

Home phone: _____

Parent name: _____

Parent work phone: _____

Parent cell phone: _____

Parent email: _____

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 proceed to next page-

Workshop Packages (please check one)

_____ Day Package (includes tuition, Tues.-Sat. lunch) \$395

_____ Dorm Package (includes tuition, dorm, all meals*) \$545

*Dorm Package meal plan begins with dinner on Monday, June 18 and concludes with lunch on Saturday, June 23

Deposit (please check one)

_____ Enclosed is my \$50 deposit, payable to UWG Saxophone Workshop

_____ Enclosed is my entire workshop fee, payable to UWG Saxophone Workshop

PLEASE NOTE: The \$50 deposit is non-refundable. The balance of each student's fee is due June 1, 2012. The final date to be eligible for a refund (excluding the deposit) is June 1, 2012. NO REFUNDS WILL BE GIVEN AFTER JUNE 1, 2012.

Parental Approval/Signature

Please return this form along and your signed release and medical forms (next pages) with a check in for the \$50.00 deposit or your entire workshop fee payable to **UWG Saxophone Workshop** via regular mail **postmarked by April 2, 2012** 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 Workshop
Date/Time: June 18-23, 2012 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 _____

University of West Georgia
Statement of Health, Permission to Treat, and Parental Statement of Financial Responsibility

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

1st Emergency Contact: _____ Phone: _____

Relationship to participant: _____

2nd Emergency Contact: _____ Phone: _____

Relationship to participant: _____

Participant's Physician's Name: _____ Phone: _____

List any of the participant's special health needs or health concerns: _____

List any medications the student is taking, dosages, and possible side effects: _____

Insurance Company: _____ Phone: _____

Policy Number: _____ Group Number: _____

I, the Parent/Guardian, do attest that the above-named participant is in good health and duly able to participate in and all activities unless specifically stated otherwise. I authorize a representative of the University of West Georgia to seek medical treatment for the participant at Tanner Medical Center in Carrollton, Georgia, the nearest medical facility, and/or a private physician, as needed. I also assume responsibility for all medical expenses.

Parent/Guardian Signature

Date