

Wright State University - Assumption of Risk and Release

I (the undersigned) assume responsibility for any injury, loss, or damage resulting directly or indirectly from my child's (name/age) _____ participation in the Lakota West Marching Band Camp on (dates) _____ at Wright State University and will not institute any negligence or other claim against Wright State University, its agents, or any other person(s) who could be held liable in either their individual or official capacities and agree to hold the above named parties harmless from liability for any personal or property injury. I attest and verify that my child has no known medical problems or conditions which would prevent him/her from participating in this activity; and in case of a medical emergency, I authorize Wright State University, or its duly authorized agents to transport my child to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide my child with medical treatment. I have read and understood the foregoing and voluntarily sign this release as my own free act and deed.

Date: _____

Parent/Guardian (Print)

Parent/Guardian (Signature)