

**SOUTHEASTERN UNITED STATES HIGH SCHOOL HONOR BAND
RELEASE FORM**

(Please print clearly)

Student Name _____ Male _____ Female _____

School _____

Person to contact in case of an emergency
(must be someone with a phone number)

Name _____ Relation _____

Address _____

City State Zip

Telephone _____
(Area Code) Number

WAIVER

In consideration of my entry into the band(s) known as the Southeastern United States (SEUS) High School Honor Bands, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waiver, release and discharge any and all rights and claims for damages arising out of performance or failure of performance of the State of Alabama, Troy University, The Southeastern United States High School Concert Band Clinic, their agents, representatives, successors, and assigns of the parties named above, for any and all damages which may be sustained and suffered by me in connection with association or entry in and/or arising out of my traveling to, participation in and returning from the performance in the SEUS Honor Bands. I, the undersigned, declare that I will fulfill the conditions stipulated by the SEUS Honor Bands. I do understand the expectation of professional behavior at all times. I do not intend to indulge in alcohol or illegal drugs during any portion of my visit to, at or from Troy University.

Signature of Parent or Guardian

Signature of Participant

This form must be returned with your certified check or money order. This form and your money order are considered your reservation form(s) for the 2017 Southeastern United States High School Honor Band.

Return this form and clinic fee to:

Mrs. Amanda Taylor
High School SEUS Clinic
Troy University
102 Long Hall
Troy, AL 36082

Please make certified check or money order made payable to:

Troy University Foundation