

SOUTHEASTERN UNITED STATES MIDDLE SCHOOL HONOR BANDS
RELEASE FORM
(Please print clearly)

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
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Telephone _____
(Area Code) Number

WAIVER

In consideration of my entry into the band(s) known as the Southeastern United States (SEUS) Middle 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 Middle 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, no personal check will be excepted. This form ***and*** your money order are considered your reservation form(s) for the 2017 Southeastern United States Middle School Honor Band.

Return this form and clinic fee to: Checks made payable to Troy University

Dr. Mark Walker
Middle School SEUS Clinic
Troy University
102 Long Hall
Troy, AL 36082

