



## Participation Agreement

Please complete the following two pages and return prior to the first rehearsal. Completed forms may be e-mailed to [c-yo@apsu.edu](mailto:c-yo@apsu.edu) or brought to the first rehearsal.

### Participation Agreement

Registering your student provides consent of the following:

In addition to the payment of any non-refundable tuition (\$125 per semester) in consideration of my student's participation, on behalf of myself, my family, my heirs and my assigns, I hereby release and hold harmless, department of music at Austin Peay State University, its employees and agents, the Tennessee Board of Regents, and the State of Tennessee from liability for injury, death or property loss suffered by myself/my student while participating in orchestra activities. Activities include the use of the equipment at Austin Peay State University, which has inherent risks, including but not limited to:

- Regular, music classroom and individual lesson activities (singing, listening, playing instruments, movement)

I acknowledge that I understand and appreciate the inherent risks of participating in any program at Austin Peay State University. I know that these risks range from minor scrapes, strains and bruises to significant injuries such as broken bones or other injuries, concussion, paralysis and even death, and may result from myself/my child's own actions, the actions of others or a combination of both. By the execution of this agreement, I fully assume the inherent risks associated with the facilities, equipment and activities provided through the Department of Music and assert that my student's participation in them is voluntary.

I hereby certify that I have adequate health insurance to cover any injury or damages that I/my student may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to myself/my student.

In addition, I have read and agree to the above outlined policies and procedures.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

  
**Austin Peay**  
**State University**  
 Department of Music  
**Clarksville Youth Orchestra**

**PHOTO RELEASE FORM**

This release applies to the interview(s) conducted and information (including images) obtained on and after: August 19, 2019  
 The subject matter or purpose of the interview(s)/information obtained during above dates: Clarksville Youth Orchestra Participation  
 The interview was conducted/the images were obtained by: APSU Faculty, Students, CECA personnel, parents, and participants

I authorize Austin Peay State University and any of its authorized agents or employees to:

- a) Record my likeness, voice and/or information/property on a video, audio, photographic, digital, and electronic or any other medium.
- b) Use my name in connection with the above-referenced recordings
- c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, DVD, CD-ROM, Internet/WWW) these recordings for any purpose that the university, and those acting pursuant to its authority, deem appropriate, including historical, scholarly, educational, research, commercial and non-commercial purposes.
- d) Review my student record to be certain I am in good standing with the University and have not been subject to disciplinary action.

I release the university, its successors and assigns, agents, employees, and governing entities from any personal or proprietary right I may have in connection with such use.

I understand that the materials obtained and developed through the interview belongs to the university, that I have no right to control the use of my likeness, voice and/or information/property in the above materials and that I will not receive payment or any other compensation in connection with the use of the materials.

**I have read and fully understand the terms of this release.**

Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_