

**UNIVERSITY OF WYOMING YOUTH PROGRAM  
RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD  
HARMLESS**

**PROGRAM NAME:** *Cowboys Sing On!*

**PROGRAM LOCATION:** *Buchanan Center for the Performing Arts*

**PROGRAM DATES:** *February 28<sup>th</sup> & March 1<sup>st</sup>*

- I am in receipt of a Program itinerary and description of the activities of the Program referenced above. I, the undersigned, wish for my child, identified as the Participant below, to participate in all of the activities of the above referenced Program on the dates listed above and in consideration of my child being allowed to participate I agree as follows:
- I am aware that while participating in the Program there are dangers, hazards and inherent risks, both known and unknown, to which my Child may be exposed and participating involves a risk of injury or injuries ranging from minor injuries such as bruises, cuts or scrapes, to serious injuries such as paralysis or even death. I am aware that such an injury can limit my child's future life activities, including future earning capacity. I am aware that there are also risks of property damage or loss.
- I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.
- In consideration of the University of Wyoming, providing my child with the opportunity to participate, I hereby assume all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation. The terms hereof shall serve as a release and assumption of risk for myself, my child, and my child's and my heirs, estate, executor, administrator, assignees and for all members of our family.
- I have read the above statement and fully understand the contents, consequences and implications of signing this document.

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent Guardian Signature:** \_\_\_\_\_

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

# UNIVERSITY OF WYOMING

Department of Music  
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Laramie, WY 82071  
(307) 766-5139 / (307) 766-5326 fax

## **MODEL RELEASE**

I, \_\_\_\_\_, (\_\_\_\_\_), do hereby authorize the University

*Print student name*

*Age*

of Wyoming, its agents, successors, and assigns, and the *Cowboys Sing On!*, to use

and reproduce photograph(s) in which I appear in official University of Wyoming and *Cowboys*

*Sing On!* publications, and I waive any right that I may have to inspect and approve said

photograph (or any copy that may be used in connection therewith) or to receive compensation

for the use of said photograph.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature\*

*\*If student is under the age of 18, a parent or legal Street Address or Box Number guardian is required to sign.*

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date