

**Tennessee Tech University Summer Music Institute: May 31 - June 4, 2026**

**Participant Information and Releases**

**I. GENERAL INFORMATION**

Name of Participant: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Person Responsible for Medical Coverage/Costs: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Parent/Guardian Address (if different from Participant's address): \_\_\_\_\_

Parent's/Legal Guardian's: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Emergency Contact Information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Emergency Contact Information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**II. MEDICAL INFORMATION AND AUTHORIZATION**

**A. Authorization, Release and Indemnification**

By signing this document, I grant TTU permission to authorize emergency medical treatment if deemed necessary by TTU. I agree that TTU assumes no responsibility or liability for any injury or damage that might arise out of or in connection with such authorized medical treatment. I further state that I have adequate health insurance necessary or in the absence of health insurance, I will be financially responsible to pay for any medical costs that may be incurred during or arising from my child's participation in this activity. I also agree to indemnify TTU for any liability, including attorney's fees, for any actions brought against TTU for any unpaid medical costs or bills incurred by Participant.

## B. Transportation Permission and Release

I understand that Tennessee Tech University transports participants (hereinafter referred to as “the activity”) to:

Bryan Fine Arts Building: 1150 N Dixie Ave Cookeville, TN 38505

Roaden University Center: 1000 N Dixie Ave Cookeville, TN 38505

Marc L Burnett Fitness: 246 Wings Up Way Cookeville, TN 38505

Jobe Hall: 35 Golden Eagle Cir, Cookeville, TN 38505

I, the undersigned as the parent or guardian of the participant, do hereby give permission for my child to participate in the activity and to be transported to the activity site(s). I have been given an opportunity to discuss the activity with Tennessee Technological University. I fully understand the nature of the activity and the risk of injury or loss of property associated with the activity.

By signing this form, I am releasing Tennessee Technological University and its employees from claims made by the child or on behalf of the child should injury or loss of property occur as a result of his/her participation in the activity, except when either Tennessee Technological University or its employees are found negligent in the performance or responsibilities associated with the activity.

I acknowledge that I have read this Permission and Release form and fully understand its contents and the consequences of signing this form.

If you have concerns or questions, contact [cmorris@tntech.edu](mailto:cmorris@tntech.edu)

## C. Insurance Information

I understand that Tennessee Tech University does not offer any form of insurance for Participant while participating in Event/Program. Please check the applicable box:

- ☐ I have insurance and have attached a copy of the **front and back** of the card.
- ☐ I do not have insurance.

## D. General Medical Information

- a. Does participant have any medical conditions that you or your doctor feel would limit camp participation? YES NO
- If yes, identify and explain:

- b. Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO

If yes, please indicate the medication and the condition being treated:

- c. Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO

If yes, please explain:

- d. Does participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware? YES NO

If yes, please explain:

- e. Please describe any other conditions of which we should be aware.

- f. Approximate date of last tetanus shot: \_\_\_\_\_

### **III. EARLY DEPARTURE (not applicable to participants 18 years of age or over)**

In case of early departure, my child may be released to the custody of the following people:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Minor participants will NOT be released to anyone other than individuals listed above.

### **IV. PERMISSION TO RESIDE IN TENNESSEE TECH HOUSING [IF APPLICABLE]**

I give permission for participant to reside in Tennessee Tech Housing for the duration of the Program.

**V. Photo/Video Consent**

Intending to be legally bound, I do hereby irrevocably consent to and authorize Tennessee Technological University, its officers, employees and agents, (the "University") to use existing photographs, photograph, video tape, record, publish, re-publish, broadcast, re-broadcast, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image/likeness or voice in any media or technology now known or hereafter developed in connection with any product or service or promotional or informational campaign undertaken by the University in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit.

\_\_\_\_\_  
**Signature of Participant's parent or legal guardian**

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

\_\_\_\_\_  
**Printed name of Participant's parent or legal guardian**

\_\_\_\_\_  
**Signature of Participant if 18 years of age or over**

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

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_.

**Commission Expires:** \_\_\_\_\_

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

\_\_\_\_\_  
**Notary Public Signature**

**NOTARY  
SEAL**

