

# BGSU ACADEMY BAND CONTRACT

Spring 2026

**Congratulations and welcome to the BGSU Academy Band!** We are excited to continue this wonderful program dedicated to the development of your musicianship! This contract outlines what is expected of you as a student in the Academy Band. By signing the contract, you agree to live up to the expectations of the program to the best of your ability.

Student: I acknowledge my commitment to the Bowling Green State University Academy Band. I promise to arrive to each rehearsal on time and fully prepared with all of my materials (in seat, ready to go with instrument and music at 6:15pm). Additionally, *I acknowledge that I am expected to conduct myself in a manner that is professional and respectful at all times, both in sectionals and during full rehearsal. If my parent/guardian is contacted more than twice regarding my behavior, I understand this is grounds for my dismissal from the program.*

Name of Student (Print): \_\_\_\_\_

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

Student Instrument: \_\_\_\_\_

Guardian: I acknowledge my commitment to the Bowling Green State University Academy Band. I promise to ensure my child arrives to each rehearsal on time and fully prepared with all materials, and I will make sure my child is picked up in a timely manner. I also acknowledge my child is expected to conduct themselves in a manner that is professional and respectful at all times, both in sectionals and during rehearsal. Pervasive conduct issues are grounds for dismissal from the program without refund. Finally, I am aware that students should plan to attend regularly, with no more than two absences. All absences should be communicated ahead of time via email (academybands@bgsu.edu).

## Spring 2025 Middle School Academy Band Dates

February 1st, 6:15-8:30pm Rehearsal  
February 8th, 6:15-8:30pm Rehearsal  
February 15th, 6:15-8:30pm Rehearsal  
February 22nd, 6:15-8:30pm Rehearsal  
March 1st, 6:15-8:30pm Rehearsal  
March 8th, 6:15-8:30pm Rehearsal  
March 15th, 6:15-8:30pm Rehearsal  
March 22nd 6:15-8:30pm Rehearsal  
March 29th 6:15-8:30pm Rehearsal  
April 5th NO REHEARSAL  
April 12th, 6:15-8:30pm Rehearsal

April 19th, Concert at 7:00pm (Call time 5:30 pm)

All Rehearsals are in Kelly Hall in the Moore Musical Arts Center on the BGSU Campus. The concert will be in BGSU's Koblacker Hall.

Name of Guardian (Print): \_\_\_\_\_

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

Guardian Phone Number: \_\_\_\_\_

**RELEASE, WAIVER, AND AGREEMENT NOT TO SUE**

1. Participant \_\_\_\_\_ desires to participate in the following activity or trip  
(First Name) (Last Name)  
**BGSU Academy Band** to be held on the following date or dates **2/1/26-4/19/26 6:15pm-8:30pm**
2. For purposes of this document (the "Release"), I understand that "Activity" refers to the activity or trip specified above, all my travel for it, and everything I do in connection with it. I also understand that "BGSU" refers to Bowling Green State University; the University's Trustees, officers, agents, and employees; any students who are performing tasks for the University; and the State of Ohio.
3. I understand and appreciate that the Activity involves exposure to dangers and hazards, including ones that I may not know about or anticipate, which may result in property damage, economic loss, bodily or mental injury, or death. I also understand that BGSU may not be trained to care for problems that occur in connection with the Activity. I also understand that there is an inherent risk of exposure to contagious diseases such as COVID-19, which exists in any public place where people are present. I acknowledge that I assume the risk of illness caused by contagious diseases.
4. In consideration of being allowed to participate in the Activity, I agree that:
- My participation in the Activity is entirely voluntary;
  - BGSU is not responsible for my personal safety or the safety of my property as I participate in the Activity;
  - My health does not preclude or restrict my participation in the Activity;
  - I have adequate health and hospitalization insurance and/or accept the financial responsibility for treatment;
  - BGSU has permission to authorize emergency medical treatment for me; and
  - BGSU has no responsibility for any injury that might occur in connection with that treatment.
5. Also in consideration of being allowed to participate in the Activity, I agree:
- To fully assume all the risks and responsibilities of participating in the Activity;
  - To release, waive, and forever discharge any and all claims against BGSU for any injury to me or damage to my property resulting from the negligence of BGSU or anyone else involved with the Activity; and
  - Not to sue BGSU, or to seek any money from it or a judgment against it, for any injury to me or damage to my property resulting from the negligence of BGSU or anyone else involved with the Activity.
6. I acknowledge and represent that I have carefully read this Release and understand its contents and that I sign it as my own free act and deed. I further state that I am at least eighteen (18) years of age, fully competent to sign this Release, and that the consideration for signing this Release is full and adequate.
7. It is my express intent that, while I am alive, this Release will bind me, my spouse, and the members of my family; and that in the event of my death, this Release will also bind my estate, heirs, administrators, personal representatives, and assigns.
8. I further agree that this Release will be construed under the laws of the State of Ohio, and if any provision of this Release is found to be invalid, the remainder of it will remain valid. If I drive a vehicle in connection with the Activity, I certify that I have a valid driver's license and personally carry automobile liability insurance that includes medical payments coverage.

**THIS DOCUMENT IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ IT BEFORE SIGNING.**

**IF YOU ARE UNDER 18, THIS FORM MUST BE SIGNED BY YOUR PARENT OR GUARDIAN BEFORE PARTICIPATING IN THE ACTIVITY.**

(For the parent or guardian): I acknowledge and represent that I have carefully read this Release; that I sign it as my own free act and deed; that I am fully competent to sign this Release; and that the consideration for signing this Release is full and adequate. It is my express intent that, while I am alive, this Release will bind me, my child or ward, my spouse, and the members of my family; and that in the event of my death, this Release will also bind my estate, heirs, administrators, personal representatives, and assigns.

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

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

GC Review 6/9/21

Participant's Name \_\_\_\_\_

**ALLERGIES** - ☐ this person has no allergies OR ☐ this person has allergies as noted below

TYPE (INSECT, FOOD, MEDICATIONS)	DESCRIBE REACTION

☐ This person carries an EpiPen

**MEDICATIONS** - ☐ this person takes NO medications OR ☐ this person takes medications as noted below

MEDICATIONS	DOSAGE	FREQUENCY	DIAGNOSIS

Note: Our program staff is unable to administer any medications, prescription or non-prescription, to participants without a signed Permission to Dispense Medication by Camp Program Staff form

**DISABILITY** - Please indicate if participant is handicapped or disabled in any way: ☐ Psychological ☐ Neurological  
☐ Hearing ☐ Pulmonary ☐ Learning ☐ Mobility ☐ Other \_\_\_\_\_

**CURRENT MEDICAL CONDITIONS** - Please indicate if participant currently has any medical conditions or limitations that do not constitute a handicap or a disability that would impair or limit the participant from fully engaging in the activities of the camp for which the participant is registering, and provide a complete description of such conditions or limitations: \_\_\_\_\_

#### **MEDICAL INSURANCE INFORMATION**

Please provide a copy of the front and back of insurance card OR complete the information below

Name of Policyholder \_\_\_\_\_  
 Policyholder ID # \_\_\_\_\_  
 Medical Insurer Name \_\_\_\_\_  
 Group Name \_\_\_\_\_  
 Group ID # \_\_\_\_\_

#### **IMMUNIZATIONS**

The participant has been immunized in accordance with the recommended immunization schedules for children and adolescents approved by the CDC and The American Academy of Pediatrics ☐ Yes ☐ No.

#### **CONSENT FOR MEDICAL TREATMENT**

In the event reasonable attempts to contact me are unsuccessful, **PERMISSION** is hereby granted for the examination, treatment and medical care of the participant by Falcon Health/Wood County Hospital or another duly licensed healthcare facility. **PERMISSION** is also granted to execute on behalf of the participant any admission or consent forms needed to obtain such treatment. By signing below, I agree that I have read the foregoing and consent to the terms and conditions as stated.

Signature of Parent/Guardian	Print Name	Date
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#### **STAFF USE:**

Form Complete ☐ Yes ☐ No Reviewed by: \_\_\_\_\_ Action Needed: \_\_\_\_\_

## **Media Release Form**

I give my permission to Bowling Green State University, College of Musical Arts, the BGSU Office of Marketing & Communications, its agents, successors, assigns, clients and purchasers of its products, to use my photograph (whether still, motion, or television), recordings of my voice, and my name, in conjunction with the media program.

Name of Minor (print) \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

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

Date \_\_\_\_\_