



Program Emergency Contact Info
 for the 2025 Palestra Honor Band
 (Saturday, February 1st, 2025)
 at the University of Pennsylvania

Print Participant's Name: (First, Middle, Last/Surname)	
Participant's Birthdate:	
	<i>Two emergency contacts and 24/7 contact information are required:</i>
1. Name:	
Relationship to Participant:	
Phone # Day:	
Phone # Evening:	
Cell Phone #:	
Permanent Address:	
Email Address:	
2. Name:	
Relationship to Participant:	
Phone # Day:	
Phone # Evening:	
Cell Phone #:	
Permanent Address:	
Email Address:	



Authorization form for treatment of a minor:

I hereby authorize representatives from the University of Pennsylvania to consent to emergency treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below. This authorization shall remain in effect as long as the participant is involved with the program.

Exceptions (if none, write 'none'):	
Participant is allergic to the following medications:	
Other medical conditions that you wish others providing care to be aware of	
Name, Address, and Phone Number of Participant's physician:	

Insurance Information:

Is the Participant covered by a health insurance plan (circle)	YES	NO
Name of Insurance Carrier:		
Policy or Plan Numbers (<u>please attach photocopy of insurance card to this document</u>):		
Name of subscriber to policy or plan:		
Relationship to participant:		

Health Insurance Coverage is required

My son/daughter, _____, is participating in the 2025 Palestra Honor Band at the University of Pennsylvania. I hereby give my son/daughter permission to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter may have for losses, damages, or injuries arising out of or in connection to with my child's participation with the program. It is agreed that my child's participation is adequate consideration.

Parent Signature: (Date)	
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I authorize The Penn Band to use photos, and or other likenesses of my child or the child for whom I have legal guardianship for any promotional materials regarding the Band Extravaganza event and web site materials. Such likenesses will not be sold or transferred to other parties within or outside the University of Pennsylvania. The Penn Band reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of the participant, parent or legal guardian.

Participant's Name, printed: (Date)	
Participant's Signature: (Date)	
Parent's Signature: (Date)	
(Parent signature if participant under 18 years of age)	



In return for being permitted to participate in

The 2025 Palestra Honor Band

on Saturday February 1st, 2025 with the University of Pennsylvania and understanding that there are certain risks in connection with such activity, and intending to be legally bound hereby, the undersigned, for himself/herself, assigns and legal representatives, hereby expressly agrees to:

Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents ("Penn") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the Program;

Assume any and all risks arising from his/her participation in the voluntary activity named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.

Indemnify, defend, and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

Name of Participant (please print)

Signature of Participant

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Date: