

PARENTAL PERMISSION

_____ (Student Name) has my
permission to attend _____ (Event Name).

I understand that The Ohio State University will not assume any responsibility for any injury or serious illness to students at Flute Workshop. In case the services of a physician are required, I will be responsible for the charges.

I hereby request permission for my child to participate in this activity. In consideration for allowing my child to participate, I, acting for myself and my heirs, executors, administrators and assigns, hereby release The Ohio State University and its Board of Trustees, employees, agents, and programs from any and all liability for losses, damages, injuries, or costs of any kind that may arise out of or that may be related to my child's participation.

Parent/Guardian Signature

Date

Parent/Guardian Name Print

Please return to: Megan Morelock, Program Assistant
School of Music
The Ohio State University
1899 College Road
Columbus, OH 43210
Morelock.13@osu.edu

