

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 _____ (Event Name).
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: The Ohio State University School of Music
ATTN: Outreach Registrar
Weigel Hall 110
1866 College Road
Columbus, OH 43210

