

OBDA Solo & Ensemble 2024

Authorization Form - Participation & Media

Each student must complete and submit this form in order to participate in the event. One form per student.

Student Name: _____
(Last Name, First Name, M.I.)

School: _____ **Instrument:** _____ **Grade:** _____

In case of Emergency, please notify:

Contact #1

Name: _____ Relationship: _____ Phone: _____

Contact #2

Name: _____ Relationship: _____ Phone: _____

Insurance Provider: _____

Student/Parent Authorization & Release for Participation in Solo Ensemble 2024

The Oahu Band Directors Association ("OBDA") offers a variety of learning activities at designated locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various activities associated with the Oahu Band Directors Association Music Festivals.

In consideration for allowing my son/daughter to participate in OBDA activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity.

Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless the OBDA, and any members, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the OBDA activity.

Print Student Name _____ Student Signature _____ Date _____

Print Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

OBDA Solo & Ensemble 2024

Student Publication/Audio/Video Release for OBDA Events

I hereby give my permission to OBDA to create or use media of my child (if parent/guardian)/me (if eligible student) or my child's/my work- video and audio recordings, photographs, and images. I understand that the distribution of these media may include print, online, or digital/electronic media and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii. I understand that there will be no compensation, financial or otherwise, by OBDA for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release OBDA from any liability resulting from or connected with the creation or use of these media. I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission. I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to OBDA. I understand that withdrawing consent will not affect my child's/my standing in OBDA events, nor any publication or work using these media which has already been produced.

Print Student Name

Student Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Please submit this AUTHORIZATION FORM, REGISTRATION FORM, and PAYMENT to your teacher/sponsor by the deadline listed above.

Page 2 of 2