



Marching Maroon & White Auxiliary

Liability Waiver/ Indemnification Form

I am (OVER 18 YEARS) _____ OR I am the
Parent/Guardian of (UNDER 18 YEARS) _____
who will be participating in **Marching Maroon & White Auxiliary Auditions** (hereinafter
"Auditions") to be held at Alabama A&M University. I understand and I am aware that my/son
or daughter can be seriously injured while participating during auditions. Injuries can include
bruises, fractures, lacerations, sprains, strains and other unknown injuries. I knowingly and
freely assume all risks, known and unknown.

- I/my son or daughter is physically able to participate and I know of no disability or medical condition that would prevent my/their participation during auditions.
- I understand that **Marching Maroon & White Band, The State of Alabama, Alabama A&M University and its staff does not provide medical insurance coverage. If the participant, is not covered by a medical insurance plan then the participant agrees to assume responsibility of the medical cost(s).**
- In the event of injury or illness requiring medical attention, all reasonable efforts will be made to obtain authorization for medical treatment. If you cannot be contacted or in case of an emergency, I hereby authorize the staff to act for me/my child according to their best judgment.
- For and in consideration of my/son or daughter's participation during auditions, I hereby waive, release, indemnify and discharge the **Marching Maroon and White Band, The State of Alabama, Alabama A&M University and its staff, and its governors, trustees, officers, employees and agents from and against all claims for bodily injury, death or property damage, arising in any manner out of the presence or activity of the participant in connection with the Auditions.**

By signing this Liability Waiver/Indemnification Form, I hereby confirm that I knowingly, willingly, and voluntarily agree to the provisions and that I give my/son or daughter permission to participate in the Auditions.

Print Participant Name

Phone Number in Case of Emergency

Participant Signature (Parent/Guardian if under 18)

Date

ALABAMA A&M UNIVERSITY

Dancing Divas/ Color Guard Auditions Agreement Contract

I _____, do hereby understand that by signing this document, I am in compliance with and understand all rules and regulations as stated in the previous packet of information. I am signing this document stating that I understand, that all selections and decisions made by the judges and ultimately the Director of Bands are final. I also understand that by signing this document I do, hereby release and indemnify the State of Alabama, Alabama A&M University, the Director of Bands, Staff and affiliates of the auditioning process in case of any harm or injury that may occur in the result of my auditioning for the Alabama A&M University, Dancing Divas/Color Guard.

***Note: This contract must be completed and signed in order to participate in the audition process. Please complete and bring with you to the auditions. No Exceptions!**

Signed: _____ Print Name: _____

Parent or Guardian (*Required if under the age of 18 years*)

Signed: _____ Print Name: _____