



# 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