

ASTA/NJ Chamber Music Institute at Kean University



APPLICATION AUTHORIZATION FORM

I (name of parent or legal guardian) _____ hereby authorize (name of applicant) _____'s application to attend the American String Teacher's Association of New Jersey's Chamber Music Institute at Kean University.

HEALTH INSURANCE BILLING INFORMATION

Name of company _____

Claim form address _____

Policy Holder Individual ID# _____ Group # _____

Name & Address of policy holder _____

I hereby authorize Kean University Health Services to release to the above named insurance company, information from my medical record as needed in presenting my claim for benefits.

Student's signature _____ Date _____

Parent's signature _____ Date _____

I hereby give my consent for the treatment of:

First Middle Last

This authorization covers any procedure which may be deemed advisable by the attending staff physician and/or consultant.

Signature of person (other than parent) authorized to give consent for patient treatment.

Name _____ Relationship _____

Witness _____ Date _____

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PHOTO RELEASE FORM

I hereby grant the ASTA/NJ Chamber Music Institute permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the ASTA/NJ Chamber Music Institute and will not be returned. I hereby irrevocably authorize the ASTA/NJ Chamber Music Institute to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the ASTA/NJ Chamber Music Institute's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the ASTA/NJ Chamber Music Institute from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) _____ (Date) _____

(Printed Name) _____ (Date) _____

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) _____ (Date) _____

(Parent/Guardian's Printed Name) _____ (Date) _____