



CONSENT/RELEASE FORM FOR SUMMER MUSIC AND WORSHIP CAMP PARTICIPANTS

Each summer program participant must complete this form, individually, and have the signature of a parent or legal guardian before s/he may participate in Music performance and camp activities. All sections must be completed. Please print legibly and use a black or blue ink pen.

Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Contact Person In Case of Emergency

Person #1 \_\_\_\_\_
Relationship \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Phone (day) ( ) \_\_\_\_\_ Phone (night) ( ) \_\_\_\_\_
Person #2 \_\_\_\_\_
Relationship \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Phone (day) ( ) \_\_\_\_\_ Phone (night) ( ) \_\_\_\_\_

Medical Profile

Generally, my health is (check one) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
If fair or poor, please explain your condition: \_\_\_\_\_
List any medications you are currently taking: \_\_\_\_\_
List any medicines or substances to which you are allergic: \_\_\_\_\_
Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Physician Address \_\_\_\_\_
Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Policy number \_\_\_\_\_

**Authorization for Medical Treatment**

For myself and/or on behalf of my participating child/grandchild, I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatment, and administer medication to participant as deemed necessary by a physician or the LUPD.

**Release of All Claims**

For and in consideration of participation in LU School of Music activities, I hereby acknowledge that we understand that there could be some risks involved, and we hereby assume all such risks. I hereby release Liberty University and all of its agents, employees, officers, and directors from any and all risks, actions, causes of actions, claims, demands, liabilities, and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights, and hereby hold Liberty University harmless and agree to fully indemnify Liberty University from and against any and all claims. I hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and/or participant. I hereby certify to Liberty University that I have obtained and will maintain in full force and effect adequate primary medical insurance for myself and/or participant. In the event it is necessary for me or participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Parent/Legal Guardian Initial \_\_\_\_\_

Student Initial \_\_\_\_\_

**Consent to Use and Publication of Image**

I hereby give Liberty University School of Music the absolute, unconditional, and irrevocable right and permission to use my name and Participant’s name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotape images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped videotaped, and/or recorded prior to, during, and/or after the musical event and to circulate same in any and all forms and media for art and advertising, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution, or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold Liberty University harmless and fully indemnify Liberty University from and against any and all claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise that may occur or be produced in the production, processing, duplication, projecting, or displaying and said images of me and or Participant, and from any and all claims fro violation of any personal and all proprietary rights me or the Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

**Please complete and sign below**

Participant’s Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Custodial Signature \_\_\_\_\_

Date: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_