

# STETSON UNIVERSITY

## Stetson School of Music Summer Camp

### Informed Consent Agreement, Assumption of Risk & Liability Waiver

Dear Parent/Guardian:

Please read the following carefully, and complete accordingly.

This is to certify that I am (We are) the parents(s) and/or legal guardian(s) of:

\_\_\_\_\_, (print child's name), age \_\_\_\_\_,

born \_\_\_\_/\_\_\_\_/\_\_\_\_\_, and I (we) give full permission for my child to voluntarily participate in the **School of Music Summer Camp** program activities at Stetson University (herein as "SOM Camp") and to participate in related camp activities which will include overnight stay, various music rehearsals and/or instructions, meals, and concert, plus some use of campus recreational facilities, which may include pool use and/or recreational activities as available and as per the participant's choice.

**Name of SOM Camp Program:** Brass Camp

**Program Start Date:** June 17<sup>th</sup>, 2019 **and Time:** 9:00 **AM**

**Drop-Off/Check-In Location:** Emily Hall - **Check-In Timeframe:** From: 9:00 AM to: 11:00 AM

**Program Final/End Date:** June 22nd, 2019

**Participant Pick-up Info (If Applicable)- As Follows:**

**Pick-up Time - From:** 12:30 PM **To: No Later Than:** 2 :00 PM

**Program Pick-Up Location:** Emily Hall

#### Assumption of Risk:

I understand that I am responsible for the transportation of my child to and from the SOM Camp program location. I further acknowledge that my child's participation in the SOM Camp Program activities, which may include a variety of music and/or other related activities both indoors and outdoors, could involve risk of physical injury or illness, and I accept and assume the risks associated with these activities, knowing that despite precautions and supervision, not all risks can be prevented.

Such related risks could include, but are not limited to as follows: Traveling to and from the program location, All day activities, foot travel throughout the Campus, climbing stairs, exposure to sun, heat, elements when outdoors, unfamiliar surroundings, large groups, possible recreational activities that may be offered, music ensembles, allergic reactions(example: food or cologne allergies/products brought or worn by others), anxiety, actions of other participants, etc.

I also acknowledge that Stetson University its Staff, Chaperones, and volunteers will not be responsible or liable for damage, theft, or loss of any personal property of participants or parents including, but not limited to electronic equipment, phones, jewelry or money. It is advisable that participants bring only what is necessary and leave unnecessary valuables, electronics or cash at home.

#### Medical Care/Emergencies

Despite efforts made to provide a safe environment; there is always a risk of accident or illness. I thereby grant Stetson University, and its personnel/staff/chaperones full authority to take whatever actions they may consider warranted for my child's health and safety, at their sole discretion, including administering first aid and any medically necessary medications, and to place my child at my own expense, in a medical facility or with a local doctor for emergency medical treatment. I release Stetson University and its personnel/staff/chaperones from liability for any such decisions or actions. I understand it is my responsibility to provide medical coverage for my child, and/or provide any payments for medical costs that may arise as a result of injuries or illnesses related to, or that occur during the SOM Camp Program activities.

**Allergies & Medication:**

Meals are provided as part of the SOM Camp program. If your child has specific dietary restrictions, If possible, please provide them with their own lunch accordingly, or advise the Program Director to see what arrangements can be made. In the case of severe food allergies, it is not possible for us to monitor what other children bring to the program or eat.

The SOM Camp Program staff shall not be responsible for overseeing the taking of or administration of medication to participants unless medically necessary during the dates of the camp stay, and as per the guidelines herein. **If medically necessary**, please provide the medication information at the end of this document accordingly. By completing the medication section, you are hereby authorizing SOM Camp staff to store and oversee your child’s medication. All indemnification sections and language regarding medical care contained herein apply to the overseeing and/or administering of medications to camp participants. All medically necessary medications that will be brought and administered during the camp stay, must be disclosed in the medication section at the end of this form.

**Photography and Videography:**

Stetson University’s SOM Camp Program reserves the right to use any photographs, videotaping, or other records of the Program to promote future SOM Camp or University related Programs. By signing this consent agreement, you are granting the SOM Camp Program and Stetson University permission to use these artifacts in promotional media and for archival purposes.

**Please sign here to consent to the above release:** \_\_\_\_\_

**Participant Conduct, Supervision & Program Drop Off/Pick Up:**

Participants are required to behave in an appropriate manner. Participants who fail to meet these expectations for appropriate behavior may be dismissed from the program as determined by the SOM Camp Program leader or Stetson Music School Official. The parent/legal guardian shall be contacted and hereby agrees to pick up their child should this occur. **I, the legal parent or guardian of the participant, hereby agrees to (or shall make arrangements to) drop off and pick up my child according to the designated program hours and location as shown above.** Stetson University and the SOM Camp Program staff shall be at the drop-off/pick up site during the designated program check-in timeframe shown above. Stetson University and the SOM Camp Program staff & chaperones will not be responsible or liable for the travel of participants, nor the supervision of participants who are dropped off and/or present on campus before or after the designated pick-up/drop-off timeframes, nor for any non-SOM Camp activities participants might choose to participate on their own.

**Liability Waiver and Release**

Furthermore, in consideration of the opportunity to participate in the Stetson SOM Camp Program activities, with full knowledge and appreciation of the risks involved, and full understanding of the above and preceding issues/conditions and terms, I hereby release and hold harmless Stetson University, Inc., its faculty, staff, officers, trustees, representatives, students, chaperones, volunteers and agents from all manner and causes of actions, claims, suits, or demands of any nature, including injuries (including death), damages, or property loss resulting from my child’s participation in the School of Music Summer Camp Program and related activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witnessed By (signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Home and/or Cell #

\_\_\_\_\_  
Alternative Emergency Contact #

**Complete Next Page for Any Special Needs Request (To include any Necessary Medications)**

Check Here if special needs are **Not** Applicable to Participant: \_\_\_\_\_ Parent’s Initials: \_\_\_\_\_

**Special Needs Request, Necessary Medications and Emergency Medical Info**

**Special Needs Request (If Applicable):**

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**Medically Necessary Medications** that will be brought with Camper during the Camp Program Dates (if any):

I hereby authorize SOM Camp and University staff to store and oversee the administration of the following medications for my child/participant. By signing this form, and completing and initializing this section, I hereby acknowledge that camp personnel are not trained medical staff and that the overseeing of this medication is being done as a courtesy by my request, and I release and hold harmless Stetson University and their faculty, staff, officers, trustees, chaperones and volunteers from any and all liability or claims for injury (or death) resulting from the overseeing and/or administration of these medications.

Parent/Legal Guardian Initials: \_\_\_\_\_

PLEASE PRINT:

1) Medication Name: \_\_\_\_\_

Dosage:

How Much (amount of liquid or how many tablets): \_\_\_\_\_

How Often during the day: \_\_\_\_\_

2) Medication Name: \_\_\_\_\_

Dosage:

How Much (amount of liquid or how many tablets): \_\_\_\_\_

How Often during the day: \_\_\_\_\_

3) Medication Name: \_\_\_\_\_

Dosage:

How Much (amount of liquid or how many tablets): \_\_\_\_\_

How Often during the day: \_\_\_\_\_

**Other Medical or Important Information** (Optional, such as info for Emergency Medical personnel):

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