

**(MINOR CHILD) INFORMED CONSENT, RELEASE OF ALL CLAIMS  
AND MEDICAL AUTHORIZATION**

I voluntarily desire to have my child participate in Summer Music Camps offered at The University of Akron in June, 2016. As part of the activity, I understand that my child may participate in any combination of activities, including but not limited to: rehearsals, sectional and technique classes, and attendance at The University of Akron faculty recitals. I understand that I am responsible for transporting my child to and from The University of Akron Summer Music Camps. If my child is an overnight camper, I understand and agree that my child may participate in extracurricular events on campus.

I acknowledge and understand that my child's participation in the above-referenced activity may expose my child to certain risks and personal injuries, including death, as well as damage or destruction to my child's personal property.

In consideration of my child being permitted to participate in this activity, I hereby declare and agree as follows:

I declare that my child has no physical, mental, or emotional condition, limitation, or disability, which would preclude my child from participating in the above-referenced activity.

I voluntarily assume any and all risk of accident or personal injury or damage or loss to my child's person or property in connection with my child's participation in the above-referenced activity and hereby release The University of Akron, its Board of Trustees, officers, employees, students, or volunteers from every claim, liability, or demand of any kind sustained, including but not limited to, any injury, sickness, death, loss of money or personal property, legal entanglement or any other claim, whether or not caused by The University of Akron or its officers, employees, students, or volunteers in connection with this activity.

I hereby consent to the reasonable discretion of The University of Akron employees, students, or volunteers supervising and operating the above-referenced activity and further authorize the administration of emergency first aid care and treatment for my child, the administration to my child of any treatment deemed necessary by a licensed physician or dentist, and the transfer of my child to any hospital, clinic or other facility reasonably accessible. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment. I further agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from any claims arising from the same.

I agree that this release binds any of my heirs, administrators, executors and/or assignees.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.**

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Relationship  
(Please indicate whether Parent or Guardian)

*For Office Use Only*  
Date Received

Taken by

**The University of Akron School of Music Camps  
Medical Information, June, 2016**

We take health and safety seriously. The medical information provided in this form is important for the safety and welfare of your child. We will keep the information on file during the summer camp program. It will be invaluable to us in case of emergency. This form must be completed and on file prior to the start of the Summer Music Camp. Please supply us with the following important information.

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

**Parent / Guardian Contact Information:**

Mother/Father/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Daytime Phone Numbers \_\_\_\_\_ Cell Phones \_\_\_\_\_

**Person to contact in case of emergency if parent(s) / guardian(s) cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Insurance Information:**

Insurance Company \_\_\_\_\_

Member's Name \_\_\_\_\_

Family Doctor \_\_\_\_\_

Family Dentist \_\_\_\_\_

**General Medical Information:**

Does your child have any of the following medical conditions?

\_\_\_ Diabetes \_\_\_ Heart Trouble \_\_\_ Epilepsy \_\_\_ Hypertension

\_\_\_ Gets sick when traveling \_\_\_ Allergic to bee stings \_\_\_ Other \_\_\_\_\_

Does your child take medication on a continuous basis? YES NO

Please list medications: \_\_\_\_\_

Does your child have any dietary restrictions due to allergies or food sensitivities of which we should be aware? YES NO

Please list: \_\_\_\_\_

The University of Akron's Summer Music Camp staff has my permission to seek and authorize the administration of any emergency medical services for my child that they deem reasonably necessary. I understand that I will be responsible for any costs associated with such services.

\_\_\_\_\_  
Parent /Guardian Signature/Date

\_\_\_\_\_  
Parent/Guardian Printed Name

**The University of Akron 2016 Summer Music Camps  
APPLICATION/COMMITMENT FORM**

We, the undersigned, agree to participate fully in (check one):

\_\_\_\_ 2016 Summer Junior High Band Camp, June 20-24, 2016

\_\_\_\_ 2016 Summer High School Saxophone Camp, June 20-24, 2016

As a summer camper, I agree to be on time, exhibit appropriate and acceptable behavior at all times, and participate in all assigned activities and projects. As a parent/legal guardian, I understand that I will be held responsible for and agree to reimburse The University of Akron for any damage or loss of University property for which my child is responsible. We, the undersigned, understand all the responsibilities and privileges involved.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Name of student (printed)

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Name of parent/guardian (printed)

\_\_\_\_\_  
Date

**For Band Director (Jr. High Band Camp only)**

I recommend this student for participation in The University of Akron Summer Jr. High Band Camp.

\_\_\_\_\_  
Signature of band director

\_\_\_\_\_  
Name of band director (printed)

**PHOTO/VIDEO RELEASE FORM**

I authorize The University of Akron to record my/my child's name, voice and likeness on videotapes, audiotapes, photographs, CDs, DVDs, video clips and/or web-based materials (media) at The University of Akron's discretion as part of the 2016 Summer Band Camp. In addition, I give The University of Akron permission to view, use, and edit such media. I waive all rights to inspect and/or approve the media and any copy that The University of Akron may use in conjunction with the media and the uses to which they may be applied.

I understand that The University of Akron may use the media, in whole, in part, or in composite for educational, research, or promotional purposes, or for any other uses The University of Akron deems fit.

I understand that The University of Akron owns all rights to the aforementioned media. I waive all rights in the media and release The University of Akron from any loss, damage, and/or liability arising out of my appearance on such media.

\_\_\_\_\_  
Print Name of Person/Child Being Recorded

\_\_\_\_\_  
Print Name of Person Signing Release

\_\_\_\_\_  
Relationship (Parent, Legal Guardian, Self)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The University of Akron School of Music  
2016 Summer Camps**

**Please indicate camp for which you are registering**

\_\_\_\_ 2016 Summer Jr. High Band Camp, June 20-24, 2016 (\$250 day camper, \$475 overnight)

\_\_\_\_ 2016 High School Saxophone Camp, June 20-24, 2016 (\$145 day camper, \$370 overnight)

*Band and Saxophone Camp overnight registration deadline June 13.*

*Commuter deadline for Band and Saxophone Camp (in person) June 20.*

**Applicant Information:** (please print clearly)

\_\_\_\_\_  
First, Middle and Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Current School

\_\_\_\_\_  
Grade Next Year

\_\_\_\_\_  
School Attending Next Year

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Gender

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Instrument Played

T-Shirt size desired: (check only one)

\_\_\_\_ small

\_\_\_\_ medium

\_\_\_\_ large

\_\_\_\_ xlarge

\_\_\_\_ xxlarge

I would like to participate in the camp as

\_\_\_\_ Day camper

\_\_\_\_ Overnight camper

**Emergency Contact Information: (Required)**

Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please return completed form and check payable to The University of Akron to:  
Summer Music Camp, The University of Akron, Akron, OH 44325-1002