



**University of Colorado Summer Music Academy
HEALTH AND RELEASE FORM**

BRING THIS FORM WITH YOU TO CAMP

(You will not be admitted to camp without this form, completed and signed on both pages.)

Camper's Name _____ Sex _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Person to contact in the event I cannot be reached _____

Phone number of emergency contact person _____

HEALTH AND GENERAL HISTORY

If the camper should be restricted from any activity please note: _____

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health and fully able to participate in all activities of the summer band camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his / her participation in such a program:

Signed _____ Date _____

Physician's Name _____ Telephone _____

HEALTH INSURANCE INFORMATION

Carrier Name _____ Policy Number _____

Policy Holder Name _____ Policy Holder Date of Birth _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact names above, before taking this action. I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signed: _____ Date _____

RELEASE OF LIABILITY (Read before signing)

In consideration of my minor child, _____ (name), being allowed to participate in this band camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program does exist; and
2. For myself, my spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify and hold harmless the camp, the University of Colorado, their officers, officials, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for activity, with respect to all injury, disability, death or loss of damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by the law.

I HAVE READ THIS HEALTH FORM, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Parent / Guardian Signature _____

Printed Name _____ Date Signed _____