Summer Band Camp Participant Waiver

Department of Music | Phone: 575.562.2377 | ENMU Station 16

Participant Information

Legal name: Last: _____ **First:** _____ **Middle:** _____

Date of Birth: _____ **Grade:** _____

Parent/Guardian 1's name: _____ **Phone:** _____

Parent/Guardian 1's email: _____

Parent/Guardian 1's employer: _____ **Work phone:** _____

Parent/Guardian 2's name: _____ **Phone:** _____

Parent/Guardian 2's email: _____

Parent/Guardian 2's employer: _____ **Work phone:** _____

In case of emergency, call: _____ **Phone:** _____

Health Information

Student's Medical Insurance Company: _____ **Policy Number:** _____

Group Number: _____ **Name of person holding insurance:** _____

Please list any physical limitations or health factors: _____

_____

_____

_____

Please list all known food allergies: _____

_____

_____

_____

Please list any medications your child is taking:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Please list all known medication allergies: _____

_____

_____

_____

Acknowledgement and Signature

I hereby grant permission for my child to participate in all activities and confirm that my child is physically able to participate in all aspects of the activities (except for those listed above). I understand photos of my child may be taken in the course of normal activities and may be used for promotional materials for future University events. The possible risks of this event include physical injury risks, travel risks, environmental risks, property damage or loss risks, and illness risks including those of communicable diseases. I hereby release, indemnify, hold harmless, and discharge the University and its employees, instructors, volunteers, or agents who will be working with the students. On behalf of myself and my child, I waive any claims for injury, death, property damage, or other loss arising from negligence. I understand that this agreement waives important rights that may otherwise be available under the New Mexico Tort Claims Act. I hereby give permission for my child to be medically treated as deemed necessary by the event staff or other University personnel. I hereby authorize any licensed medical person or facility to treat my child. I agree to assume full financial responsibility for any medical services provided and understand that the University does not provide medical insurance. I understand that my child's participation in this event is voluntary. I am signing this waiver voluntarily, and my signature means that I have read and I understand this document.

Parent/Guardian's signature

Date