EASTERN NEW MEXICO UNIVERSITY

2026 Choir Camp Participant Waiver

Department of Music
Station 16 | 1500 S Ave K | Portales, NM 88130
Phone: 575.562.2377 | enmu.music@enmu.edu

Participant Information

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

Date of Birth: _____ **Grade (2025–2026):** _____

Father's/Guardian's name: _____ **Phone:** _____

Father's/Guardian's employer: _____ **Work phone:** _____

Mother's/Guardian's name: _____ **Phone:** _____

Mother's/Guardian's employer: _____ **Work phone:** _____

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

Health Information

Please list any physical limitations or health factors: _____

_____

_____

_____

Please list any medications your child is taking:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Acknowledgement and Signature

I hereby grant permission for my child to participate in all of the activities of the ENMU Choir Camp, (May 31-June 4, 2026). 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 camp activities and may be used for promotional materials for future camps. I hereby release the University and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my child or their personal belongings and will make no claim as a result thereof. I hereby give permission for my child to be medically treated, as deemed necessary by the staff involved in the ENMU Choir Camp. 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.

_____ _____

Parent/Guardian signature Date