



EAST TEXAS BAPTIST UNIVERSITY
**SUMMER
MUSIC CAMP**

MEDICAL RELEASE AND WAIVER

I (we), the undersigned parent(s)/guardian(s) of said participant, fully understand that there are risks involved in my (our) child's participation in the said camp. I (we) represent that my (our) child voluntarily desires to participate in activity; and that I (we) am (are) duly aware of the risks and hazards that may arise through participation in activity. In consideration for my (our) child's participation in said camp, the undersigned hereby voluntarily assumes all risks of accident or damage to person or property and risks of liability. The undersigned does further agree to indemnify and hold harmless this camp, East Texas Baptist University and its regents, administrators, employees, or agents from any and all claims or demands for loss, cost, injury, or damage whatsoever associated with child's attending and/or participating in any and all activities or from my (our) child's improper use of equipment, technique, or failure to follow safety rules and instructions. The undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands the conditions herein provided and that he/she signs this agreement voluntarily and without reliance upon any promise or representation which is not contained in the agreement.

I (We) give authorization to the staff or designated entity to evaluate our (my) child and treat any injuries that occur during said activity. This includes immediate first aid and treatment, referral to hospital or physician consultation, and/or emergency services. I (We) hereby grant the staff or designated entity to secure medical services that are in the best interest of my (our) child.

Camper's Name: _____

Insurance Company: _____ Insurance Policy: _____

Insurance Policy #: _____ Emergency Contact #: _____

Printed Parent's Name: _____

Parent's Signature: _____ Date: _____