



Summer Camp Health and Release Form
****ALL FORMS MUST BE RETURNED TO OUR OFFICE BY**
JUNE 30, 2022**

Camper's Name: _____
Age _____ Gender _____
Home Address: _____
City _____ ZIP _____
Home Phone: _____
Work Phone _____
Email: _____

Emergency Contact:

Name: _____
Phone: _____

Health & General History

Camper Restrictions: Please indicate any medical condition, or 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 MMI Summer Camp. I know of no restrictions, physical impairments, or any other facts which limit his/her participation in any way.

Signed: _____

Date: _____

Physician's Name: _____

Phone: _____

Health Insurance Information

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder DOB: _____

I, the parent/guardian of _____
(Camper's full name), 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. The insurance information provided by me on this form shall be the insurance coverage for any medical treatment.

Signed: _____

Date: _____

Release of Liability

In consideration of my minor child,

_____ (camper's full name), being allowed to participate in MMI Summer camp, 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 releases 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 Maestro Music Institute camp, it's instructors, Historic Grant Ave., 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 releases or otherwise, to the fullest extent permitted by 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: _____

Media Release Agreement

I, as parent/legal guardian, irrevocably grant to MMI Summer Camp & Historic Grant Ave., the right to record and use my child(s) performances as a student at the MMI Summer Camp, including but not limited to live performances; audio and visual recordings; television and web broadcasts; promotional materials and presentations. I waive the right to inspect or approve versions of said performances, recordings, broadcasts, and materials, and any share of profits derived from the sale of said performances, recordings, broadcasts, and materials.

I, as parent/legal guardian, also irrevocably grant to MMI Summer Camp and Historic Grant Ave., the right to use my child(s) image in all forms and media for promotional purposes throughout the world. I waive the right to inspect or approve versions of said images used for publication or any written copies that may be used in connection with the images.

I release Historic Grant Ave., Maestro Music Institute, its assignees, licensees and successors from any claims that may arise regarding the use of said performances and images including any claims of defamation, invasion of privacy, or infringement or moral rights, rights of publicity or copyright.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO ABIDE BY THIS AGREEMENT:

Camper's Full Name:

Parent/Legal Guardian Name

(Print): _____

Signature: _____

Date: _____