

Summer Music Camp Waiver



Release to Use Images & Likenesses

I understand that Pladd Dot Music reserves the right to take photographs and videos of, or quotes from, participants throughout Camp to be used without limitation or compensation for publicity purposes (brochures, web site, magazine articles, etc.) in future Pladd Dot Music materials.

Release of Liability

By signing this Waiver, I expressly warrant that the child named below is capable of withstanding both the physical and mental demands of Rock U Music Camp activities. I also assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release Pladd Dot Music and its employees from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Pladd Dot Music or its employees. I further agree to indemnify and hold harmless this institution and its employees from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be an occasion where the child named below may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child including hospitalization, in the event of an emergency. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and, again, I agree to pay for the medical treatment. I give permission for the Camp staff or other medical staff to give over-the-counter medications as needed. I give permission to transport the child named above to a medical treatment center in a non-emergency or emergency vehicle in a medical emergency situation.

**Please sign and return the completed forms to Pladd Dot Music, Attn: Summer Camp
Pladd Dot Music, 38 North Main Street, Statesboro, GA 30458
or Email scanned forms to mary@pladdmusic.com**

**My signature indicates that I have read, understood,
and will abide by these policies as set forth by Pladd Dot Music.**

Camper's Full Name

Parent/Guardian's Name (print)

Date

Parent/Guardian's Signature

Medical & Insurance Form



Camper's Full Name:

Does this camper have any medical conditions we should know about?

List any prescription/non-prescription medicine(s) that the student will be bringing to camp and any special conditions that need to be met regarding these medicines:

The camper named above has my permission to participate in all camp activities except for the restrictions listed:

Attach a photocopy of the Camper's medical insurance card to this form.

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Camper's Full Name

Parent/Guardian's Name (print)

Date

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