

ST. FX SUMMER MUSIC CAMP REGISTRATION

Camper's Name:

Age:

Instrument:

Level: BEGINNER INTERMEDIATE ADVANCED

Enrollment: OVERNIGHT CAMPER DAY CAMPER

Attending alone or with sibling(s)/friend(s):

Do you have Dietary Restrictions:

If so, please list them here:

Do you have any Allergies:

If so, please list them here:

Do you take any Medications:

If so, please list them here:

Parent/Guardian Name:

Email address:

Address:

Phone #:

Liability Waiver

THE GOVERNORS OF ST. FRANCIS XAVIER UNIVERSITY
INFORMED CONSENT, RISK ACKNOWLEDGEMENT
AND INDEMNITY AGREEMENT for *ST. FX SUMMER MUSIC
CAMP*

By signing this document, you indicate that you understand the risks associated with your child's enrollment in the St. FX Summer Music Camp, and that by allowing your child to participate in the camp, you are allowing them to be exposed to the potential risks identified below. In the unlikely event of injury or medical emergency, you agree to give the University/Camp Administrators authority to secure medical assistance for your child for which you agree to be financially responsible. You are also agreeing to assume financial responsibility for any damage to third persons, their property, or university property caused by your child during the duration of St. FX Summer Music Camp.

PLEASE READ CAREFULLY

TO: THE GOVERNORS OF ST. FRANCIS XAVIER UNIVERSITY

CHILD'S NAME:

GUARDIAN'S/PARENT'S NAME:

1. I am aware that by allowing my child to participate in the St. FX Summer Music Camp, I will be exposing them to the following potential risks, including but not limited to:

GENERAL:

- theft, vandalism or loss of personal property.
- motor vehicle or traffic accidents.
- injury resulting from unforeseen circumstances, or failure to follow instructions from camp staff.

2. St. Francis Xavier University and St. FX Summer Music Camp staff may secure medical advice and services as it, in its discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services should they not be covered by basic healthcare. I also understand that in the unlikely event of a medical emergency, camp staff will endeavor to contact me IMMEDIATELY upon discovery of such emergency.

3. I understand that the University and St. FX Summer Music Camp accepts no responsibility for any damage to my child's musical instrument(s) or personal effects resulting from misuse of otherwise.

I have explained the risks associated with these activities to my child and he/she understands the risks.

(Initial here that you have read paragraphs 1- 3.):

4. I hereby authorize St. FX Summer Music Camp, and St. Francis Xavier University to photograph, audio record, video record, podcast and/or webcast my child's likeness (digitally or otherwise) without charge. No names will be used in association with any images or recordings.

INITIAL HERE if in agreement:

I hereby DO NOT authorize St. FX Summer Music Camp, and St. Francis Xavier University to photograph, audio record, video record, podcast and/or webcast my child's likeness (digitally or otherwise) without charge. No names will be used in association with any images or recordings.
INITIAL HERE if this is your preference:

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING ALL CONDITIONS OUTLINED ABOVE.

DATE:

PARENT OR GUARDIAN (name):

SIGNATURE:

WITNESS (Non-Family Member):

SIGNATURE:

TELEPHONE #:

This agreement must be completed in full, signed, dated, and witnessed.