

## Curious Collections Music Camp Waiver and Medical Release Form

| Participant Information                |      |             |  |
|--|------|-------------|--|
| - Name:                                |      |             |  |
| - Date of Birth:                       | Age: | Shirt Size: |  |
| - Address:                             |      |             |  |
| Emergency Contact Information          |      |             |  |
| - Parent / Guardian Contact Name:      |      |             |  |
| - Parent / Guardian Contact Phone #:   |      | Work        |  |
| - Secondary Emergency Contact Name:    |      |             |  |
| - Secondary Emergency Contact Phone #: |      | Work        |  |
| Insurance Information                  |      |             |  |
| - Insurance Provider:                  |      |             |  |
| - Policy Number:                       |      |             |  |
| - Group Number:                        |      |             |  |
| - Family Medical Dr:                   |      |             |  |
| - Family Dr Phone #                    |      |             |  |
| Medical Information                    |      |             |  |
| - Allergies:                           |      |             |  |
|  |      |             |  |
| - Medical Conditions:                  |      |             |  |
| - Medications (name and dosage):       |      |             |  |



| People authorized to pick up my child:   |
|--|
| Name & Phone #:  |
| Name & Phone #:  |
| Name & Phone #:  |
| Waiver of Liability:   |
| I, the undersigned, hereby acknowledge and agree that participation in the Curious Collections Music Camp involves inherent risks. In consideration of my (or my child's) participation in the camp, I hereby release, waive, discharge, and covenant not to sue Curious Collections, Mary Jean, their officers, employees, agents, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child), whether caused by the negligence of the releasees or otherwise, while participating in the music camp or while on the premises where the camp is being conducted. |
| Medical Release:   |
| In the event of a medical emergency, I hereby authorize Curious Collections and Mary Jean to seek and obtain medical treatment for me (or my child) as deemed necessary. I understand that I will be responsible for any medical expenses incurred. I also agree to inform the camp staff of any medical conditions, allergies, or medications that may affect my (or my child's) participation in the camp.   |
| Photo Release:   |
| I hereby grant Curious Collections and Mary Jean permission to use photographs and/or video recordings of me (or my child) taken during the music camp for use in social media, promotional materials, and other publications. I understand that these images may be used in print, online, and video-based marketing materials as well as other publications related to Curious Collections. I waive any right to royalties or other compensation arising from or related to the use of the images.   |
| Acknowledgment of Understanding:   |
| I have read this waiver of liability, medical release, and photo release, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.  |
| Parent/Guardian's Signature Date:  |