

California State University San Bernardino
Orchestra, Piano, & Chamber Music Camp



CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION IN THE SUMMER ORCHESTRA,
CHAMBER, AND PIANO CAMP AT CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child (Please Print Full Name) _____ to participate in the California State University San Bernardino Summer Orchestra, Piano, Guitar & Chamber Music Camp (hereinafter referred to as "the Camp").

I understand that it is my responsibility to provide transportation for my child(ren) to and from the Camp. I understand that in order to participate in this program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. California State University San Bernardino reserves the right to dismiss a child from the Camp due to that child's disruption of the program, including, but not limited to, verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the Director of the Camp. If a child is dismissed from camp, there will be no refund.

I understand that the activities of this program may include certain physical activities such as swimming, sports, etc. I understand and agree to assume any and all risks associated with the Camp's activities. I grant permission for my child(ren) to participate in activities that are part of the scheduled activities for the Camp.

I grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some photographs may appear in local newspapers, the camp website, or future brochures.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the Camp, requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation I will be notified as soon as possible. I also agree to provide the Camp staff with emergency contact numbers.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury, or accident occurring while my child is attending the Camp is my responsibility, and that the Camp, California State University San Bernardino, and their members individually and their officers, agents and employees are not obligated to pay for such medical care.

For the sole consideration of California State University San Bernardino allowing my child to participate in this program, I hereby release and forever discharge the Camp and California State University San Bernardino from any and all claims, demands, rights and causes of action of whatever kind I may have either arising from or by reasons of any personal injury or property damage resulting from or in any way connected with my child's participation in this program. I further covenant and agree that for the consideration stated above I will not sue California State University San Bernardino or any of the camp employees.

I have received a copy of this document and I certify I am at least 18 years of age and that I have read the above carefully before signing.

IN WITNESS THEREOF, I have executed this document this _____ day of _____, 2022

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian (Printed)