

**The Walker Family Band Music Workshop  
Medical Release Form**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Participant's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone (day): \_\_\_\_\_ Emergency: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Insurance Policy/Group Number: \_\_\_\_\_

**Emergency Treatment Authorization**

I, \_\_\_\_\_, parent (legal guardian) of \_\_\_\_\_ grant permission for him/her to participate in this event. I acknowledge that some activities including, but not limited to, swimming, hiking, ropes course, and some volunteer project work, entail known and inherent risks as well as unknown/unanticipated risks which could result in serious physical or emotional injury, or death. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I understand that participation in any activity involving such risks is purely voluntary. I give my full consent for the participant named above to engage in all activities and include permission for transportation to the activity by staff or adult volunteers. I expressly agree and promise to accept and assume all the risks, and will not hold individual faculty, staff members, or volunteers representing the Walker Family Band Music Workshops, sponsoring organizations, or their representatives, responsible in case of accident.

\_\_\_\_\_ Parent/Participant initial

In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the staff to hospitalize and secure indicated treatment including emergency surgery for the participant named above. I understand I am financially responsible for any medical treatment and /or emergency evacuation resulting from participation in any activity. By signing this document, I acknowledge that if any personal injury occurs or property is damaged during the above named individual's participation in any activity, I may be found by a court of law to have waived my right to maintain a lawsuit against The Walker Family Band, their representatives, all sponsoring organizations and/or their representatives on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this portion of the document. I have read and understand it and agree to be bound by its terms.

**Signature of Participant if 18 or older:**\_\_\_\_\_

**Signature of Parent or Guardian:**\_\_\_\_\_

**Printed Name:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**This form must be completed and signed by a parent or legal guardian of any student attending the Walker Family Band Music Workshop UNLESS the parent or guardian is accompanying the student during the camp session. NO STUDENT attending the workshop without a parent or legal guardian present can be included in any off-campus activities such as hiking, rafting, canoeing, etc. OR be allowed to use the swimming pool, climbing wall, ropes course or otherwise engage in outdoor activities at the BRCC facility without this signed document on file.**