

"ROAR" SUMMER BAND CAMP

# ACKNOWLEDGEMENT CONSENT & MEDICAL RELEASE FORM

I \* \_\_\_\_\_, Section \* \_\_\_\_\_, acknowledge my participation the "ROAR" Summer Band Camp on the field trips described below during the **camp** (*Please refer to the schedule on the calendar below for descriptions & dates of scheduled performances and trips during the camp*). Furthermore, I understand that as a valued camper of the "ROAR" Summer Band Camp, I am expected to participate in all performances.

This document offers a description of "in-state trips" that "campers, staff, camp counselors, and chaperones" will participate in and serve as a certification of student acknowledgement and a release and waiver of liability against "ROAR" Summer Band Camp, Florida Memorial University, and the FMU Department of University Bands beyond that which is applicable. Please read before signing.

**The local, and in-state trips of the "ROAR" Summer Band Camp will be defined as the following:**

- One-day off-campus local excursions not requiring overnight stay (see below for details)
- End-of-camp performances within the state not requiring overnight stay (see below for details)

**Release Statements:**

I understand that the "ROAR" Summer Band Camp or Florida Memorial University (FMU) where the camp is housed, and its faculty and staff are not responsible for any injury, loss, damage, delay, irregularity, or expense arising from matters beyond their control. I waive and release all claims against "ROAR" Summer Band Camp, FMU and the Department of University Bands faculty, and staff that arise at a time when I am not under the direct supervision of the camp or that are caused by my failure to remain under the supervision or to comply with the rules, standards, and instructions outlined by the "ROAR" Summer Band Camp Staff, and Camp Counselors.

Should any unforeseen circumstances develop causing a medical emergency requiring attention beyond first aid, all attempts will be made to contact the emergency contact via the numbers listed below. However, in circumstances where timing is critical, communication problems develop, and a student's life is threatened by lack of medical attention. Please acknowledge the following:

*In cases of a medical emergency, as deemed by a medical professional and according to the procedures described above, I, as the emergency contact, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to secure health and safety of this "ROAR" Summer Band Camp students.*

Emergency Contact (First Last) \* \_\_\_\_\_ (Email)\* \_\_\_\_\_

Relationship\* \_\_\_\_\_

Emergency Contact (First Last) \_\_\_\_\_ (Email) \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone\* \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Medical Ins. Carrier: \_\_\_\_\_ Policy/Card #: \_\_\_\_\_

List ANY Medical Conditions/Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE\* \_\_\_\_\_ DATE \* \_\_\_\_\_

**\*Denotes required field**  
**Incomplete forms will be returned to student to be completed and may result in exclusion from some camp activities.**