



Last Name First Name

School

BAND CAMP II

July 25-30, 2011

Name of Camper: _____ DOB: _____
(Please Use Legal Name)

Consent to Treat and Waiver of Liability Release

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY) _____

List any medication currently taking: _____

List any allergies: _____

In case of emergency please contact:

Primary Contact Person

Daytime Phone

Cell Phone

Secondary Contact Person

Daytime Phone

Cell Phone

Medical Insurance Company

Insurance Company Phone

Insurance Policy Number(s)

I hereby give my permission for CMU sports medicine staff athletic trainers, Central Michigan University Health Services, and Central Michigan Community Hospital to provide any needed medical treatment for my son/daughter while he/she is attending the camp. I specifically, give my permission for necessary and emergency care to be given to _____ (name of camper) by Central Michigan Community Hospital and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this camp a risk.

I hereby acknowledge that participation in this camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless CMU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any camp activity except where the injury or damage is caused by the gross negligence of the university's employees.

Signature (Parent or Guardian)

Date

Attn: Summer Music Camp and Drum Major/Color Guard Participants:

Please mail, fax, or email your completed waiver to:

Music/DMCG Camps
Central Michigan University - OCP
802 Industrial Drive, Mt. Pleasant, MI 48858
Fax Number: (989) 774-1188
Email Address: profdev@cmich.edu

Attn: Band Camp Members:

Please give your completed waiver to your Band Director

CMU is not responsible for lost or stolen property