

ADMIN USE:*Check all that apply.*CEC
CFM
CMT

The Music Settlement
OHIO CITY • UNIVERSITY CIRCLE

Summer Camp Waiver

Camper Information**Name of Camp(s)**

Camper's Name	Date of Birth	Most Recent Grade Completed
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Home Address	City	State	Zip Code
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Home Phone	Cell Phone
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Parent/Guardian Information

Parent/Guardian 1 Name	Home Phone <input type="checkbox"/> Same as child's	Cell Phone <input type="checkbox"/> Same as child's
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Parent/Guardian 1 Email Address		
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Parent/Guardian 2 Name	Home Phone <input type="checkbox"/> Same as child's	Cell Phone <input type="checkbox"/> Same as child's
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Parent/Guardian 2 Email Address		
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Emergency Contact Information

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Contact 1	Relationship	Phone
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Contact 2	Relationship	Phone
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Authorized Pickup Information (if different from parent/guardian listed above)

Name 1	Relationship	Phone
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Name 2	Relationship	Phone
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Camp Waivers (signature required below)

Late Pick Up: I understand that if I (or my authorized pickup) am/is late picking up my camper from dismissal, I will be billed a late fee of \$1.00 per minute from the time of dismissal (e.g., a 3:50pm pick up for a 3:30pm camp will result in a \$20 late fee).

Safety/Behavior Agreement: I, on behalf of my minor child, agree to follow the rules of The Music Settlement and its staff during their participation in camp. I understand that for children exhibiting behaviors that may cause harm to themselves or others, an individualized, signed safety plan may be developed in order to develop contingencies and minimize recurrence of such behavior. I further understand that my child may be asked to leave the program without refund. Instances of sexual harassment and/or possessing weapons or illegal substances will result in immediate dismissal without refund.

Photography & Publicity: The Music Settlement uses photography and video to document lessons, classes, camps, and events. These photos and videos may be used online, in brochures, advertising, or PR activities. Photographs and video featuring current or previously registered students and participants at TMS are considered eligible for publication or public use unless the student (or parent/guardian) submits a Request for Non-Use, available through ECS or online at www.TheMusicSettlement.org. For more information, call (216) 421-5806 ext. 100.

Signature of Parent/Guardian:

Date:

Camper's Name

Learning Style

Learning Style List any information about your child that would be helpful for our staff to know (e.g., preferences, behavior needs, social).

Allergies and Special Health or Medical Conditions

Allergies: (If yes, please list and explain.)

Medications Being Taken: (If yes, please list and explain.)

Wears Glasses?	Yes	No	Wears Contacts?	Yes	No	Uses an Inhaler?	Yes	No
Uses Hearing Aid?	Yes	No	Mobility Device?	Yes	No	Other _____		
Has an EpiPen for Allergic Reactions?	Yes	No	Has Seizures?	Yes	No			

Emergency Transportation Authorization

<i>Give Permission to Transport</i>		OR	<i>Do Not Give Permission to Transport</i>	
The Music Settlement has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			The Music Settlement does not have permission to secure emergency transportation for my child in the event of an illness or injury requiring emergency treatment. I wish for the following action to be taken:	
Signature of Parent/Guardian:	Date:		Signature of Parent/Guardian:	Date:

Packet continues on page 3 with Accident Waiver and Release of Liability Form.

Please return your completed packet (three pages) to:

The Music Settlement
 Attn: Enrollment and Customer Service
 11125 Magnolia Drive
 Cleveland, OH 44106
 ECS@TheMusicSettlement.org

Packets must be received no later than seven (7) days prior to the start of camp.



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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Music Settlement, (TMS) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that TMS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name _____ Age (if under 18) _____

Parent/Guardian (or Adult Student) Print Name _____

Parent/Guardian (or Adult Student) Signature _____ Date _____

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