



Music Summer Camp

August 13-17, 2018 Registration Form

Camper's full name _____ Age _____

Grade (in Fall of 2018) _____ School _____

Address _____

City _____ State _____ Zip code _____

Parent or guardian names _____

Contact (name of contact) _____

Phone _____ Email _____

Please list any medical or other concerns about which we should be aware (mobility, emotional or behavioral, allergies, other)

Please return this form with your camp tuition payment of \$100 to:

Rogue Valley Youth Choruses
Summer Music Camp
724 S. Central Avenue Suite 102
Medford, OR 97501

Should you have any questions please contact us at office@roguevalleychorale.org or call 541-414-8309.

WAVIER AND RELEASE FROM LIABILITY FORM

I, _____(PRINT YOUR NAME) have chosen

for my child, _____(PRINT CHILD'S NAME) to participate in the Summer Music Camp provided by the Rogue Valley Youth Choruses. I acknowledge that I understand the nature of the activities in which my child will be participating. I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance that provides adequate coverage for my child participating in RVYC Summer Camp activities and that RVYC does not provide accident or health insurance for those participating in its instruction, activities or programs.

I HEREBY ASSUME ALL OF THE RISKS OF MY CHILD PARTICIPATING IN ACTIVITIES AND EVENTS ASSOCIATED WITH RVYC, and waive, release and discharge Rogue Valley Chorale Association and their directors, board members, officers, employees, and volunteers from any and all liability. I agree to indemnify, hold harmless, and promise not to sue the entities or persons mentions above from any and all liabilities or claims made as a result of participation in activities or events, whether caused by the negligence or those released or otherwise.

I authorize and agree that RVYC may take and use photographs, videos or likeness of my child as needed for its record-keeping, promotion and/or public relations projects.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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

Signature of Participant's Parent or Guardian

Date

Printed name of Participant's Parent or Guardian