

ASSUMPTION OF RISK AND RELEASE FORM

Lamar Stringfield Music Camp
June 8-14, 2019 and or June 16-21, 2019
Forest Hills Baptist Church Raleigh, North Carolina

Please initial next to each paragraph and sign at the bottom.

_____ In consideration of myself or my child(ren) or ward(s) being permitted to participate in any session of the Lamar Stringfield Music Camp held at Forest Hills Baptist Church in Raleigh, North Carolina from
Camp dates: _____ to _____ for the purpose of Music Instruction and other related activities, I, the undersigned, do for myself, my heirs, and personal representatives, and/or for the heirs, and personal representatives of my child(ren) or ward(s) agree to indemnify and hold harmless and release Forest Hills Baptist Church, The Lamar Stringfield Music Institute and camp and its officers, agents, or employees, whether as individuals or in their capacity as officers, agents or employees of Forest Hills Baptist Church or the Lamar Stringfield Institute and Music camp, from against all claims of damages, demands, actions, or causes of action, on account of damages to personal property, or personal injury or death, which result from my failure or the failure of my child(ren) or ward(s) to abide by the rules of said camp or from causes beyond the control of, and without the fault or negligence of the Forest Hills Baptist Church, The Lamar Stringfield Institute and Camp, its officers, agents, or employees, which stem from, or are in any way connected with activities related to my participation or the participation of my child(ren) or ward(s) in said Camp.

_____ If I am the parent or guardian of a minor child who will be participating in the Lamar Stringfield Music camp, then I shall be personally responsible and liable for the conduct of said child and am executing this release and indemnity as a parent or guardian and legal custodian of said child.

_____ I have received a copy of the Lamar Stringfield Music Camp rules and guidelines and have reviewed it with my child/children. As stated above we are in agreement with the rules and guidelines.

_____ I also fully understand that my or my child's participation in the Lamar Stringfield Music Camp at Forest Hills Baptist Church is voluntary and that I am not required to participate.

In witness whereof, I have caused this release to be executed this _____ day, _____ month, 2019.

Signature of Parent or Guardian

Signature of Adult Camper

Printed name of Minor Camper

Printed Name of Adult Camper

PHOTOGRAPHY RELEASE FORM

I give Lamar Stringfield Music Institute and Camp, its employees and agents permission to use for any lawful purpose my and/or my child's likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that the Lamar Stringfield Music Institute and Camp will not publish my child's name. I agree that the Lamar Stringfield Music Institute and Camp have complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, radio, newspapers, magazines, social media sites, and/or Lamar Stringfield Music Institute and Camp audio, print or internet publications. I also agree that the Lamar Stringfield Music Institute and Camp have permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of Lamar Stringfield Music Institute and Camp's control.

I don't want the The Lamar Stringfield Music Camp to photograph my child and I will provide the camp a photo of my child for identification purposes. I understand that there is a possibility that my child may be included in group photos, video or audio mediums. Camper names will not be disclosed with camp photography.

Parent signature _____ Date _____

Camper name: _____

CAMPER PICK UP AUTHORIZATION FORM

Lamar Stringfield Music Camp
June 8-14, 2019 and or June 16-21, 2019
Forest Hills Baptist Church

Please print clearly:

This authorization form applies for pick up for the following children.

Camper Name: _____

Camper Name: _____

Camper Name: _____

Please list below the names of people who are allowed to pick up your child/children.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list anyone you do not want to pick up the child/children. If another parent is not allowed to pick up the child/children then legal documentation will need to be provided.

Name: _____

Name: _____

Name: _____

Signature of Parent or Guardian

Printed name of Parent or Guardian

LAMAR STRINGFIELD MUSIC CAMP STUDENT HEALTH and INSTRUMENTAL DAMAGE INFORMATION FORM

Please print clearly:

Student Name _____

Address _____

Parent Name(s) _____

City _____ Zip _____ Parent email: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Lamar Stringfield Music Institute and camp adult in charge to secure proper emergency treatment for my child as named above.

Ordinarily I can be reached at Day Phone #: _____ or cell: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ Relationship: _____

Day Phone: _____ Mobile _____

Name: _____ Relationship: _____

Day Phone: _____ Mobile _____

I understand that my signature below authorizes the camp director or a responsible camp instructor to secure proper medical treatment for my child named above if necessary.

I also release Forest Hills Baptist Church and The Lamar Stringfield Institute and Music Camp, and its instructors from any liability for personal injury or damage to his/her instrument, due to any improper actions by my child while on the premises of Forest Hills Baptist Church

Parent Signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

Local Doctor: _____ Phone: _____

List any known prescription drugs to which your child is allergic: _____

Please list any prescribed medication which the student will be taking (or carrying with him/her while attending this program). _____

Are there any known medical problems of which we should be aware? Yes No

If so, please describe type of problem below and on back of this page if more space is needed.

Return form to:

Lamar Stringfield Music Camp
P O Box 33489
Raleigh NC 27636