

Belmont University
PERMISSION AND RELEASE AGREEMENT

1. I execute this Agreement in consideration of my child _____ being permitted by Belmont University to participate in the String Crossings Camp at Belmont University in Nashville, Tennessee, June 14-19, 2009. I understand that the camp may include but not be limited to the following activities:
 - a. Being transported to and from Nashville International Airport by university van.
 - b. Living, studying and dining on Belmont University's campus for the duration of the camp.
 - c. Traveling via university van on a field trip to Ocean Way Recording Studios.
 - d. Recreation activities in Belmont University's Beaman Student Life Center.

2. I represent and warrant that my child is able to safely participate in these activities.

3. I recognize that there are risks and hazards directly or inherently involved, making these and related activities potentially dangerous. With full knowledge and appreciation of these potential risks and hazards, I voluntarily grant permission for my child to participate in these activities and assume all responsibility and risk from his/her participation in them, including all risk of loss of limb or life, property damage, or injury to others.

4. I, on behalf of myself, my child, our family, heirs and legal representatives release Belmont University, its agents, employees, officers, and trustees, from any liability for damage or loss to my child's person or property which may arise out of his or her participation in this camp.

5. I grant permission for Belmont University, its agents or employees to obtain necessary medical attention in case of sickness or injury to my child. I consent to any necessary medical examination, diagnosis, or treatment and agree to be responsible for costs of such medical services.

6. I have read the Camp Rules printed on the reverse side of this Agreement, have discussed them with my child and agree that my child will abide by them. I understand that if my child violates the Camp Rules, that Belmont reserves the right to send him or her home. If this occurs, I understand that I will be responsible for all transportation costs and will not be entitled to a refund.

7. I have fully informed myself of the contents of this Agreement by reading it before I signed it.

8. I, on behalf of myself, my family, heirs and legal representatives release, waive, and forever discharge Belmont University, its agents, employees, officers, and governing board from and against any and all liability, claims and actions that may arise from injury or harm to my child, from my child's death or from damage to my child's property in connection with this activity. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of Belmont University (or its governing board, employees or agents).

9. I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion of this Agreement is held invalid, any such findings shall not affect the validity of the remaining provisions which shall remain in full force and effect.

NAME OF STUDENT

SIGNATURE OF PARENT OR GUARDIAN

DATE

CAMP RULES:

- All campers are guests of Belmont University and agree to abide by the rules of the campus and residence halls.
- Resident campers must live in a Belmont University residence hall.
- All campers must eat all meals at the university cafeteria or as provided by camp.
- Lights out at 11:00 pm. This will be enforced.
- Students may not bring drugs, tobacco, or alcohol on university property or consume such products during camp.
- All campers must respect the authority of teachers and camp staff.

**BELMONT UNIVERSITY
MEDICAL INFORMATION FORM**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____

In Case of Emergency Notify (include name, address, phone, email address):

Personal Physician: _____

Physician's Address and Phone Number:

Health Insurance Company: _____

Health Insurance Company Address and Phone:

Policy Number: _____

Identify any past or current medical conditions and allergies knowledge of which may be necessary to facilitate your participation in the program and/or for effective medical treatment:

Current Medications:

Belmont University

Release Form

I hereby give Belmont University, its employees, licensees, and agents the absolute and irrevocable right and permission with respect to the photographs or video images taken of me or in which I may be included with others to:

(a) copyright the photograph/video footage in the university's name or university photographer/videographer's name; and

(b) use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs/footage, in any medium, for the instructional, promotional, public relations and/or advertising efforts of Belmont University;

I hereby release and discharge Belmont University, its trustees, officers, employees, licensees and agents from any and all claims and demands arising out of or in connection with the use of the photographs including all claims for invasion of privacy and appropriation.

This authorization and release shall also enure to the benefit of the legal representatives, licensees, and assigns of Belmont University as well as the person(s) for whom the photographs or video is taken.

I am over the age of eighteen 18-years-of-age, I have read the foregoing and fully understand its contents.

_____ Date: _____
Signature

Print name

Address

_____ City State Zip

****If subject is under 18 years of age Parental or Guardian Signature is required****

_____ Date: _____
Parent/Guardian Signature

Parent/Guardian Printed Name

Project Title: Belmont University School of Music Marketing