

CONSENT, RELEASE AND WAIVER OF LIABILITY FORM
to participate in the
2009 Pacific Music Camp and/or Brubeck Institute Jazz Camp
University of the Pacific, Stockton, California

REQUIRED FORM - PRINT, SIGN, DATE, AND BRING ON THE FIRST DAY OF CAMP

I grant permission for my child (please print clearly) _____ to participate in the
(camper's name)
Pacific Music Camp / Brubeck Institute Jazz Camp (hereinafter referred to as the "Camp").

I understand that in order to participate in this program, my child must abide by the established Student Behavior Guidelines. The Camp reserves the right to dismiss a child due to that child's disruption of the program. A child's dismissal will be at the discretion of the Director of the Camp.

I grant permission for my child to participate in all activities that are part of the Camp. I understand that the activities of this program may include certain physical activities such as swimming, etc. I understand and agree to assume any and all risks associated with the Camp's activities.

I grant permission for my child to be photographed for purposes of publicity. I understand that some photographs may appear in future brochures.

For the sole consideration of the University of the Pacific allowing my child to participate in this program, I hereby release and forever discharge the Camp, the University of the Pacific and the Brubeck Institute, their members individually and their officers, agents and employees against any loss, damages or cost of whatsoever nature including expenditure of attorney's fees which may be suffered as a result of any action, claim, or demand by my child or my child's heirs, successors, or assigns, or by any other person on his/her own behalf, or for the benefit of the child.

This agreement shall constitute a bar of any recovery by the undersigned individually or brought for and on behalf of the child, and said agreement may be urged and used by the University of the Pacific, the Brubeck Institute and the Camp as a bar to any recovery by the undersigned or by the child in any suit or claim instituted on account of any injury, illness and/or damages arising or growing out of my child's voluntary participation in this program. .

In case of illness or injury requiring immediate professional care, I, the undersigned parent/guardian authorize necessary medical treatment for my child. I further agree to release the University of the Pacific, the Brubeck Institute and Camp representatives from any liability for their efforts to secure necessary medical treatment. I agree to cover all costs incurred for medical services and/or medication prescribed. I further agree to absolve the Camp, the Brubeck Institute and the University of the Pacific of any responsibility due to medical complications.

PARENT ACKNOWLEDGMENT (SIGNATURE REQUIRED)

By signing this Agreement, I acknowledge that I have read and understand this document and the Student/Parent Information Packet and do hereby agree to its terms and conditions. The information supplied on the Health Form (including **ALL** pre-existing conditions) is true and correct to the best of my knowledge.

* parent/guardian signature _____ * date _____

printed name of parent/guardian _____

STUDENT ACKNOWLEDGMENT (SIGNATURE REQUIRED)

By signing this Agreement, I acknowledge that I have read and understand the Student/Parent Information Packet and do hereby agree to its terms and conditions.

* Student signature _____ * date _____