



**UTRGV SUMMER MUSIC CAMPS
RELEASE AND INDEMNIFICATION AGREEMENT FORM**

June 12-15 & 19-22, 2023

PARTICIPANT INFORMATION:

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Participant cell Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION FOR MINOR PARTICIPANTS – Under 18 years of age:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate/Cell Phone: _____
Parent/Guardian Email: _____

_____ I am the above-named participant who is eighteen years of age or older, (or the Parent/Guardian of the above-named participant who is under eighteen years of age), and I am fully competent to sign this Agreement. I have voluntarily applied to participate in (or give my participant permission to engage in) the above Activity. I acknowledge that the nature of the Activity may expose me (or my participant) to hazards or risks that may result in my (or participant's) illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

_____ In consideration of my (or the permission I give my participant in) taking part in the Activity, I hereby accept all risk to my (or my participant's) health and of my (or his/her) injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me (or participant), my (or participant's) personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my (or participant's) property and for any and all illness or injury to my (or participant's) person, including my (or his/her) death, that may result from or occur during my (or participant's) participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for injury or death of any person(s) and damage to property that may result from my (or participant's) negligent or intentional act or omission while participating in the described Activity.

_____ I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Participant Signature: _____ Date: _____ UTRGV Witness: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____ UTRGV Witness: _____ Date: _____



Summer Music Camp Participant Rules

It is a privilege to be a guest on the UTRGV campus and to participate in its youth programs. The UTRGV Summer Music Camp has adopted a no tolerance policy for participant misbehavior. Any violation to these rules will result in immediate dismissal from the program. The following rules and regulations have been designed with the participant's safety in mind. Participants must follow these rules at all times.

1. Participants are not allowed to leave during the UTRGV Summer Music Camps for any reason. *(If it is necessary for a participant to be taken off campus in case of an emergency the parent or guardian must authorize their leave, fill out the appropriate form, and note that the person picking the participant up will have to present proper identification.)*
2. Participants must attend all UTRGV Summer Music Camps activities. If for any reason you are not able to due to feeling ill, please notify the camp director ASAP.
3. Participants are not allowed to use a cell phone during camp ensemble rehearsals, concerts or during planned activities. Any disruptive cell phone usage will result in the phone being taken away for the remainder of the activity.
4. Students are not allowed to walk alone on campus. Students needing to get somewhere, they must notify a camp counselor to escort them.
5. Each camp participant will be responsible for his/her own valuables. Money, watches, electronics, and jewelry should be properly safeguarded (lockers are not available).
6. Running, playing, throwing, and all other athletic activities are not allowed in the university halls, these must take place outside the buildings.
7. Participants must wear appropriate clothing during all classes and planned activities of the summer program. University buildings are public areas, all persons on campus must wear shoes and be appropriately clothed.
8. The following are strictly prohibited on campus at all times: fireworks or explosives of any kind, firearms or munitions, pets, illegal drugs, alcoholic beverages, as well as any other items that could cause bodily harm or damage. Smoking is also not allowed anywhere on campus. All types of fire, incense, or candles are also prohibited.
9. All camp participants are expected to respect the rights and property of others. Disturbing behavior will not be allowed.

I, _____, agree to follow the rules as outlined above, and understand that failure to comply with rules can result in my dismissal from the UTRGV Summer Music Camps.

Signature of Participant

Date

Signature of Parent/Guardian

Date



Measures to Protect K-12 Participants in Campus Programs Parent Acknowledgement

The Summer Music Camp staff at UTRGV strictly follows the guidelines below to ensure participants are not subject to sexual abuse while at camp. Parents support these efforts by reporting any exceptions to Daniela Venegas, Youth Program Support Manager, at 956-665-2522 (campus phone).

1. Summer Music Camp staff will limit physical contact with camp participants:
They are not to wrestle with them, tickle them, have them sit on their laps, give them hugs (except occasional shoulder to shoulder hugs), etc.
2. One-on-one interaction will be limited:
There will be Summer Music Camp staff in activities with participants at all times. No personalized special attention such as giving gifts or personalized communication such as to participant cell phone or social media accounts is acceptable.
3. Contact between program staff/volunteers and youth:
Is restricted to organization-sanctioned activities and times. Camp staff/volunteers should not contact youth outside of camp activities or camp specific needs.
4. Wear appropriate attire:
Summer Music Camp staff will at all times be dressed modestly. Participants should too.
5. Respect privacy:
Summer Music Camp staff must respect the privacy of camp participants in situations such as changing clothes. Only in emergencies should an adult enter an area where children are unclothed.
6. Summer Music Camp staff/volunteers should model appropriate interpersonal behavior:
They will use discretion in what personal or private experiences they share with a child, and will never discuss or ask children questions about sexual experiences.

Signature of Participant

Date

Signature of Parent/Guardian

Date



UTRGV Summer Music Camp Applicant and Confidential Medical Information

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A SUMMER MUSIC CAMP PARTICIPANT, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous or recreational time may not be recommended. **This information will be kept in strict confidence and will only be shared with your permission.** UTRGV requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1. GENERAL INFORMATION

Youth Participant name: _____ Address: _____

Date of Birth: ____ / ____ / ____ Gender: Male ☐ Female ☐

Parent/ Guardian name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Please list two emergency contacts:

Emergency Contact # 1 Name	Home Phone	Work Phone	Cell Phone	Relation
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Emergency Contact # 1 Name	Home Phone	Work Phone	Cell Phone	Relation
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PART 2. MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in the UTRGV Summer Music Camp. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Youth Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's name: _____ Phone Number: _____

Are you up to date with immunizations required by your school? Yes ☐ No ☐

Do you have health/accident insurance? Yes ☐ No ☐

If yes, please provide policy number, name, and address of company. Please also bring a copy of the back and front of your insurance card.

Company Name/Address: _____ Policy Number: _____



For the following, circle appropriate response and explain as appropriate:

1. Does the participant have any medical conditions that you or your doctor feel would limit participation in the Summer Music Camp? Yes ☐ No ☐
If yes, identify and explain: _____
2. Is the participant currently taking medications that may interfere with the ability to safely participate in the Summer Music Camp? Yes ☐ No ☐
Yes No If yes, identify and explain: _____
3. Does the participant have a history of allergies or reactions to medications, insect stings, or plants? Yes ☐ No ☐
Yes No If yes, identify and explain: _____
4. Does camper have a history of, or currently suffer from, medical conditions(s) with which we should be aware? Yes ☐ No ☐
Yes No If yes, identify and explain: _____

PART 3. AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the nearest hospital. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. Medical facilities will not perform services unless this signed medical release form.

_____ (camp participant name), has my permission to receive medical attention in the event of illness or medical emergency while participating in this UTRGV Summer Music Camp. I will assume financial responsibility for any cost of health care that may occur during the Summer Music Camp.

PLEASE READ: As a participant, parent or guardian, I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during Summer Music Camp. By signing my name, I represent and warrant that I have provided all materials and important information to UTRGV pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify UTRGV of any changes in my/my child's mental, physical or medical condition prior to my child's scheduled Summer Music Camp. By revealing or disclosing the above medical information, it will not be used by UTRGV personnel or employees to determine my child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of my child and myself.

Participant Signature: _____ Date: _____ UTRGV Witness: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____ UTRGV Witness: _____ Date: _____



UTRGV Summer Music Camp Leave Authorization List

UTRGV Summer Music Camp participants are not allowed to leave campus with anyone if not previously authorized by their parent(s) or legal guardian. In order to assure the safety of your son/daughter, please provide us with a list of names that you (Parent or Legal Guardian) approve to pick up your son/daughter in case of an emergency and only if, you are not able to pick up your son/daughter yourself.

Below please indicate if the participant will be driving him/herself to UTRGV campus for Summer Music Camp rehearsals, concerts and activities. Participants driving themselves to campus may not offer rides to other participants without prior authorization.

Authorized Person's Name	Relation	Address	Phone

- ☐ My son/daughter will be driving him/herself to UTRGV campus
- ☐ I or someone else authorized will be driving my son/daughter to UTRGV campus
(please indicate name of any authorized individuals in the box above)
- ☐ My son/daughter has my permission to share a ride to UTRGV campus with another participant
(please indicate name of the participant driving in the box above)

Government-issued picture ID's or parent pickup signed authorization will be required to pick up participants.

I, _____, as the Parent/Legal Guardian of _____, hereby authorize the UTRGV Summer Music Camp staff to release my son/daughter to the above listed individuals and discharge the UTRGV youth program staff from any liability that may arise by them releasing my son/daughter to them. I fully understand that once my son/daughter is released to any of the above authorized person/s, it will be their responsibility and not the program's to ensure their safety and well-being.

**Note: If you have special concerns or circumstances about picking up your child you may discuss them with the Camp director.*

Parent/Guardian Name

Parent/Guardian Signature

Date



Release of Participant Information, Pictures, & Video

CONFIDENTIALITY OF INFORMATION

The personal information that you provide UTRGV will be maintained within the UTRGV School of Music. This information is protected by the Family Educational Rights and Privacy Act of 1974.

AUTHORIZATION FOR RELEASE OF VIDEO/PHOTOGRAPHS

I, (parent/guardian) _____, authorize UTRGV to use video and/or photographs of my son/daughter _____. I understand that these photographs and/or video will be utilized for promotional, recruitment, and informational purposes in the form of social media, newsletter, newspaper, pamphlet, brochure, scrapbook, commercials, news, documentary, promotional video, and/or any other media platform that will require his/her image.

- ☐ Yes, I **do** agree with the conditions stated above.
- ☐ No, I **do not** agree with the conditions stated above.

PARENT/GUARDIAN SIGNATURE FOR ABOVE STATEMENTS

Parent/Guardian Signature

Date