



2018 ChamberFest  
**PARENTAL PERMISSION / RELEASE FORM**  
(for those under 18 years of age)

**Please read and indicate your response:**

- Yes  No *I give permission* for my child to attend the 2018 ChamberFest hosted by Clark University during the sessions for which we signed up. I also give permission for my child to engage in regularly scheduled Camp activities. Safety protocols are in place to provide a safe and healthy environment for all participants. However, inherent risks are associated with some activities, and therefore, I assume full liability and hereby release the ChamberFest faculty and staff, as well as Clark University and its employees and agents, of any and all liabilities which may arise from my child's involvement in festival activities which may result in bodily injury or even death. I acknowledge that there are risks including, but not limited to, injury and death arising from participation in sports, failure to follow directions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I knowingly and intelligently assume the risks which could cause bodily harm or possibly death to my child.
- Yes  No *I do support* and agree to abide by all ChamberFest regulations and policies and to uphold the objectives of the Camp. I understand that it is my responsibility to see that my child is prepared for all activities and in good health each day of the session.
- Yes  No *Additionally, to provide for the safety of all participants, faculty and staff,* and to provide an environment free from distraction, we hereby certify that our child will not bring any fireworks, matches or lighters, items of incendiary nature, explosives, gunpowder, firearms, ammunition, knives, or weapons of any kind (including toy weapons) to the Camp. In addition, our child will not bring any alcoholic beverages, tobacco products, illicit drugs, any other illegal substance, or inappropriate reading materials. Clark University is not responsible for the loss of instruments or personal belongings.
- Yes  No *I give permission* for my child to be photographed, filmed, interviewed and have work samples published in print and/or on the internet for ChamberFest or Clark University promotional purposes.

**Name of participant (Please print)** \_\_\_\_\_

**Signature of participant** \_\_\_\_\_

**Name of parent/guardian, if participant is under 18 (Please print)** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Personal & Emergency Contact Information**

1. Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Emergency contact \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### Allergies, Health History, Insurance

Name of participant \_\_\_\_\_ M F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

List all allergies \_\_\_\_\_

Operations or serious injuries including dates \_\_\_\_\_

Disability or chronic or recurring illnesses \_\_\_\_\_

List any specific activities to be encouraged or limited by physician's advice \_\_\_\_\_

List any dietary modifications \_\_\_\_\_

List any current medications \_\_\_\_\_  
(All medicines, including herbals, must be brought to Camp in original bottle/packaging with camper's name, dosage, frequency, etc.)

Name of family physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of family medical insurance / hospital insurance \_\_\_\_\_

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

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### Consent to Medical Treatment & Authorization to Release Information

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Festival activities except as noted.

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby  
Parent/Guardian Printed Name Camper's Full Printed Name

consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of \_\_\_\_\_  
Printed Name of Participant's Physician Physician's Telephone Number

or any physician ChamberFest may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or on the college campus. It is understood in the case of a major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by ChamberFest. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize ChamberFest or the physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent/legal guardian from the care of ChamberFest. We hereby authorize any hospital or physician, or any other person who attended to or examined said minor to furnish WCMS's insurance company or its representative any and all information with respect to any illness, medical history or consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this shall be considered as effective and valid as the original.

**Signature of parent/guardian**  
**(or adult participant/faculty/staff member)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my Camp activities.

**Minor's Signature** \_\_\_\_\_

A photocopy of this authorization shall be considered as effective and valid as the original.