

## **Camp Registration Form**

Guardian:	
Address:	Cell/Work/Home Ph://
Camper:	Y/O Instrument:
	Musical Experience
(Ex: Dietary or ai	Health Disclosure porne allergies, medicine administration, assistance w/special needs):
	<b>Emergency Contact</b>
Name:	

## READ CAREFULLY BEFORE INITIALING & AGREEING TO TERMS. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS. LIABILITY RELEASE FOR ALL BARRINGTON MUSIC LLC CAMPS & WORKSHOPS:

I understand that, while Barrington Music LLC is committed to thorough supervision of all camp activities, there are inherent risks in attendance at camps & workshops. I understand and assume all associated risks of personal injury or loss, bodily injury (including death), damage to, loss, or destruction of any personal property occurring in connection with or arising out of student's participation in a Barrington Music LLC program.

I hereby release and discharge, indemnify and hold harmless The Staff of Barrington Music LLC a body corporate, and its member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from participation in a Barrington Music camp or workshop.

I authorize, in a medical emergency, after reasonable effort has been made to notify me, that Barrington Music staff may seek emergency assistance and medical treatment for Participant student at the parent/guardian's expense. I certify that I have adequate insurance to cover any injury or damage Participant student may cause or suffer while participating, or I agree to bear the costs of such injury or damage myself.

<b>Guardian Signature:</b>		Date:
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