



system blue

Location and type of event you are attending:

systemblue.org

EDUCATIONAL CAMP MEDICAL AND RESPONSIBILITY RELEASE FORM

Bring this form with you to the event.

STUDENT section: Full Name, Date of Birth (MM/DD/YYYY), Home Phone, Cell Phone, Email, Sex (M/F)

PARENT/GUARDIAN section: Mother's Full Name, Best Contact Phone Number; Father's Full Name, Best Contact Phone Number; Other Name To Contact In Case Of Emergency And Relationship To Student, Best Contact Phone Number

MEDICAL section: Medical History (Convulsions, Diabetes, Bleeding disorders, Chicken Pox, Asthma, Measles, Heart defect/murmur, Mumps, Surgery in past 2 years, Epilepsy, Neurological diseases), Briefly Explain Any Boxes Checked, List And Explain Any Allergies, Medications: Type, Dose And Frequency, Date Of Last Tetanus Immunization

INSURANCE section: Insurance Carrier, Member/Policy/Group Number, Family Physician, Physician phone



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PARTICIPANT CONSENT FORM – RESPONSIBILITY CLAUSE

I, the undersigned participant with System Blue, or the parent/guardian of the above listed participant with System Blue (if participant is under the age of eighteen), acknowledge and fully understand that each participant with System Blue will be engaging in activities that involve the risk of serious injury, including permanent disability or death, which might result not only from the participant's action, inaction or negligence, but also from the action, inaction or negligence of others, the condition of any premises (including, without limitation, football fields), risks created by the forces of nature, and hazards of travel by air, train, bus, automobile and other means, including, without limitation, walking and/or driving, or being driven to and from rehearsals and other activities. Furthermore, there may be other unknown risks that are not reasonably foreseeable at this time. Accordingly, I acknowledge, fully understand and agree that I assume all of the foregoing risks and accept personal responsibility for any and all damages following such injury, permanent disability or death, and hereby release, discharge and covenant to indemnify and not to sue System Blue, its instructors, managers, employees and associated personnel, officers, directors, agents, members, volunteers and representatives, from any and all liability to the undersigned, and to his/her heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's participation with System Blue. I agree to indemnify and defend System Blue against all claims, causes of actions, damages, judgments, costs or expenses, including attorneys' fees and other litigation costs, which may arise in connection with the participant's participation with System Blue.

It is understood that System Blue will make every effort to contact the undersigned prior to taking any such action, but in the event I cannot be reached for an emergency, I hereby authorize any of the directors, officers, managers, instructors or chaperones of System Blue who are present to consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis, treatment, pain control, other invasive treatments and/or hospital care that may be considered necessary for the participant in the reasonable judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors and/or chaperones of System Blue consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

I also give permission for my personal, protected medical information provided on this form, and any personal protected health information collected by personnel of System Blue, to be released to any hospital and/or clinic providing treatment, to System Blue management, and to any insurance company representing System Blue. This form may be photocopied for use while participant is at a System Blue event

I agree that all claims that may arise from participant's participation with System Blue shall be resolved under California law.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the President of System Blue and that any unauthorized alteration will cause the participant to be removed from System Blue.

NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICIPATE IN THE BLUE DEVILS. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN. IF MEMBER IS UNDER 18, A PARENT OR GUARDIAN MUST SIGN THIS FORM.

I hereby grant System Blue the perpetual, fully-paid, exclusive and worldwide right to make still-photo, video, film, audio and/or other recordings (collectively, the "Recordings") of my participation in performances, rehearsals, camps, clinics and other events with System Blue (collectively, the "Performances") and to use my name, voice, likeness and image in connection with the production and commercial exploitation of such Recordings, and to grant others the right to make and commercially exploit the Recordings. The rights granted to System Blue hereunder shall include the perpetual, fully-paid, exclusive and worldwide right to edit, televise, broadcast, record, publish, copy, use, license, print, sell, distribute or otherwise exploit the Recordings in any manner and in any medium, format, form or forum, whether now known or hereafter devised, without any further compensation to me. No casual or inadvertent failure, nor the failure of any third party, to give me the applicable credit in any television program, motion picture or other work produced hereunder, shall constitute a breach of this Agreement by System Blue.

We acknowledge that the undersigned and participating student is responsible for the safety and security of his/her personal belongings and effects and for loss or damage and will not hold System Blue responsible for these items. We the undersigned understand that System Blue is a drug-free environment and that consumption of unlawful drugs, alcohol or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior should arise and in the judgment of System Blue the undersigned's child should be sent home before the end of the program, we authorize System Blue to take such action.

Print Name: _____

X Signed: _____ Date: _____ Relation to student _____
(Must be signed by parent/guardian if student is under 18 yrs of age)



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EDUCATIONAL CAMP REGISTRATION FORM

STUDENT	First Name	Last Name	Date of Birth (MM/DD/YYYY)
	Address		Sex M F
	City, State ZIP		
	Home Phone	Cell Phone	Email T-shirt Size S M L XL XXL

SCHOOL	School You Attended This Past Year	
	School City/State	
	Last Grade Completed	
	Primary Instrument	Other Instruments You Are Proficient At
	Band Director's Name(s)	