

UNIVERSITY OF MIAMI FROST SCHOOL OF MUSIC
UM MUSICTIME CAMP RELEASE FORM

RELEASE FORM (must be sent along with tuition form)

Camper Name: _____

Parent Emergency Phone: _____

Please complete the following:

In consideration of the University's acceptance of my application to participate in the 2009 UM Camp, I hereby release the University of Miami and their officers and agents from any and all claims and causes of action that might be brought by me or my parents or dependents for loss of property, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the control of the University of Miami. I agree to abide by program regulations and to cooperate with program authorities in furthering the ideals upon which the program was founded. Because of the nature of the program, I agree to remain for the entire session unless prevented by reasons beyond my control.

I understand that University of Miami and Um MusicTime authorities reserve the right to expel any student/campers whose behaviors pose a liability either for themselves or the other children and that under such circumstances no refunds will be made. I understand that the University of Miami will not be responsible for lost, stolen, or damaged personal property of participants. I understand that participants are responsible for abiding by University fire and safety regulations.

I give consent for photographs taken at the Camp to be used in Camp-approved publications. I also give consent for the applicant to participate in off-campus field trips.

I understand that the University reserves the right to change any or all of its regulations, requirements, or financial charges and to cancel or change course offerings, instructors, or schedules published in this announcement without prior notice.

I understand that a full refund can be issued for all fees paid, except registration fee (\$25.00), provided notice of cancellation and request for refund is received in writing by June 1, 2008. No refunds will be issued after that date. Refunds are not issued for late arrivals or early departures.

Signature of Parent or Guardian and Date:

Your signature on this form authorizes the University of Miami to proceed without undue delay should a situation occur requiring immediate medical attention. The University of Miami will attempt to contact one or both parents at the phone numbers listed above before any action is taken.

I/we grant permission for my/our child to receive treatment in the event of an emergency in which an injury or illness occurs while he/she is attending the UM MusicTime Camp at the University of Miami.

Parent/Guardian _____