

K-STATE SUMMMER MUSIC CAMPS

Music Camp Leadership and Auxiliary Camp

ASSUMPTION OF RISK/RELEASE LIABILITY FORM

I, the undersigned, as the parent or legal guardian of _____, bearing social security number (required) _____ hereby acknowledge that the afore-named child is covered by medical insurance as follows:

Name of policy holder: _____

Insurance Company: _____

Policy Number: _____

It is further understood that Kansas State University do not provide medical insurance covering injuries of any nature incurred at the Summer Music Camps. The undersigned hereby releases Kansas State University, its successors, assigns, officers, agents and employees, from any and all claims, demand, and causes of action whatsoever in any way growing out of or resulting from participation of the afore-named child in the Summer Music Camp.

Signature of Parent (or legal guardian)

Date _____

CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, authorize the staff of the KSU Music Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp program as outlined in this brochure. I am bound to hold the Health Center and its physicians harmless from any and all consequences of such treatments, diagnosis, or surgery that are performed with ordinary care and to the best of their ability. (Please send a copy of current health insurance card with student to camp.)

Signature of Parent (or legal guardian)

Date _____