

### **Medical and Surgical Treatment Authorization:**

I hereby authorize and give my consent to the health authorities of Washington State University or any licensed physician to perform upon or administer to: (participant name)\_\_\_\_\_ any reasonable necessary medical or surgical treatment. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, blood transfusions, and minor operations and procedures.

In the event of indicated major surgery, or major operation, the University authorities or physicians are not hereby excused from making a reasonable attempt to contact me by phone or mail before relying upon this authorization. This authorization does not entitle the service or physician to render any medical or surgical treatment without the participant's personal consent, unless the participant is unable to give consent. This permission is good only while the participant is attending a camp sponsored by Washington State University and only until the participant has attained his/her eighteenth birthday.

I freely sign this authorization in consideration for permission for my child or ward to participate in camp. I understand that I will be responsible for any medical expenses in connection with the participant's attendance at this camp.

**I HAVE READ THIS FORM AND I AM SATISFIED THAT I UNDERSTAND ITS CONTENTS AND SIGNIFICANCE.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relation to Participant

\_\_\_\_\_  
Date

## Emergency Information and Release Form

As parent/guardian, I hereby authorize the directors and staff of the WSU Cougar Summer Music Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release WSU Cougar Summer Music Camp and Washington State University. I know of no medical or physical problems which might affect my child's ability to participate in this program. I will be responsible for any medical or other charges in connection with his/her attendance at WSU Cougar Summer Music Camp. I have read the rules and regulations of WSU Cougar Summer Music Camp and my child and I agree to abide by them. I understand that failure to abide by the rules and regulations may result in the student being dismissed from the program.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Special Medical Conditions (attach additional page if necessary)

\_\_\_\_\_

Allergies to drugs:  Yes  No If yes, please list: \_\_\_\_\_

Allergies to foods:  Yes  No If yes, please list: \_\_\_\_\_

Other Allergies:  Yes  No If yes, please list: \_\_\_\_\_

Allergies to bee stings that require medication  Yes  No

Special dietary restrictions \_\_\_\_\_

Other pertinent information (including medications the student is currently taking)

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Washington State University Cougar Summer Music Camp Agreement

In consideration for \_\_\_\_\_ (Participant name), being allowed to participate in the Washington State University (WSU) Cougar Summer Music Camp, I voluntarily agree to the terms and conditions of this Agreement, which constitutes a Photo and Media Materials Release.

I agree that WSU, WSU School of Music, and Cougar Summer Music Camp, may take and use any photographs, video or audio recordings, digital images, or other documentation of Participant for promotion and advertising purposes of WSU and/or WSU School of Music. I understand that I will not receive monetary enumeration for any use of Participant's likeness or any recordings described herein.

I agree that, by signing below, I represent that I am the legal parent or guardian of Participant, and acknowledge that I sign this Agreement, and agree to these conditions on behalf of Participant and that I and Participant shall be bound by the terms of these agreements, WSU and WSU School of Music policies, rules and regulations of Cougar Summer Music Camp, and the direction of University staff and officials. Failure to do so can result in dismissal from the program.

I have carefully read this Agreement, understand the terms and conditions, am aware that they represent a contract between WSU and myself on behalf of Participant, and I voluntarily agree to it on behalf of Participant.

If any part of this Agreement is determined to be invalid or unenforceable, the remaining parts or portions shall be enforced to the fullest extent permitted by law.

This permission is good only while the Participant is attending the Cougar Summer Music Camp, unless revoked by me or Participant in writing, and only until the Participant has turned eighteen years of age.

I agree to pay \$725 (overnight campers) or \$375 (day campers) via check, paid to the order of the School of Music. I understand the deadline for payment is June 5th and must be received by the School of Music via mail to: School of Music/WSU, Attn: Kristine Tims, PO Box 645300, Pullman, WA 99164-5300.

This document is effective from the date listed below.

\_\_\_\_\_ Signature of Legal Parent or Guardian

\_\_\_\_\_ Relation to Participant

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Date