

Important Forms!!

These attached forms must be submitted by the time of Registration.

- Summer Program Participant Agreement
- Program Emergency Contact Info
- Medical and Permission Form
- Waiver/Photograph Release

Before Registration, all materials forms can be sent to:

Kushol Gupta c/o The Univ. of Penn. Band
Rm 182 Stouffer Cmns. Platt SPAH
3702 Spruce Street
Philadelphia PA 19104

or

kgupta@upenn.edu



PennBand
The University of Pennsylvania

Summer Program Participant Agreement
for The 2019 Penn Band Summer Music Camp at the
University of Pennsylvania

I, _____, am a participant in the 2019 Penn Band Summer Music Camp (July 7th to July 13th, 2019). As a condition of my participation in this program, I agree and understand the following:

1. I will abide by the rules and regulations of the program as explained to me by the program supervisors.
2. I will attend program activities as required.
3. I will treat each person in the program with respect and courtesy. Abusive language is strictly forbidden. Bullying, hazing, threatening behavior, and harassing conduct are also strictly forbidden.
4. I will respect University property and act responsibly on campus. I understand that I am responsible for any damage that I may cause to any property of the University.
5. I understand that all sexual activity is absolutely forbidden and will not be tolerated.
6. I understand that the possession, use, consumption, or sale of any drug (including cigarettes and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited and a criminal act under United States law.
7. I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited. I understand that I must immediately notify my program director or security liaison should I become aware of another student having possession of a weapon.

I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately or that I may be subject to other appropriate disciplinary action.

Student Signature: (Date)	
Parent Signature: (Date)	



Program Emergency Contact Info
 for The 2019 Penn Band Summer Music Camp at the
 University of Pennsylvania

Print Participant's Name: (First, Middle, Last/Surname)	
Participant's Birthdate:	
	<i>Two emergency contacts and 24/7 contact information are required:</i>
1. Name:	
Relationship to Participant:	
Phone # Day:	
Phone # Evening:	
Cell Phone #:	
Permanent Address:	
Email Address:	
2. Name:	
Relationship to Participant:	
Phone # Day:	
Phone # Evening:	
Cell Phone #:	
Permanent Address:	
Email Address:	



Authorization form for treatment of a minor:

I hereby authorize representatives from the University of Pennsylvania to consent to emergency treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below. This authorization shall remain in effect as long as the participant is involved with the program.

Exceptions (if none, write 'none'):	
Participant is allergic to the following medications:	
Other medical conditions that you wish others providing care to be aware of	
Name, Address, and Phone Number of Participant's physician:	

Insurance Information:

Is the Participant covered by a health insurance plan (circle)	YES	NO
Name of Insurance Carrier:		
Policy or Plan Numbers (<u>please attach photocopy of insurance card to this document</u>):		
Name of subscriber to policy or plan:		
Relationship to participant:		

Health Insurance Coverage is required

My son/daughter, _____, is participating in the 2019 Summer Music Camp at the University of Pennsylvania. I hereby give my son/daughter permission to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter may have for losses, damages, or injuries arising out of or in connection to with my child's participation with the program. It is agreed that my child's participation is adequate consideration.

Parent Signature: (Date)	
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PennBand
The University of Pennsylvania

Waiver/Photograph Release
for The 2019 Penn Band Summer Music Camp at the
University of Pennsylvania

I authorize The Penn Band Camp to use photos, and or other likenesses of my child or the child for whom I have legal guardianship for any promotional materials regarding the Penn Band Camp and web site materials. Such likenesses will not be sold or transferred to other parties within or outside the University of Pennsylvania. The Penn Band Camp reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of the participant, parent or legal guardian.

Participant's Name, printed: (Date)	
Participant's Signature: (Date)	
Parent's Signature: (Date)	
(Parent signature if participant under 18 years of age)	

Trustees of the University of Pennsylvania Summer Programs

WAIVER AND RELEASE

In return for being permitted to participate in

Penn Band Summer Music Camp

During the summer months of 2019, at the University of Pennsylvania and understanding that there are certain risks in connection with such activity, and intending to be legally bound hereby, the undersigned, for himself/herself, assigns and legal representatives, hereby expressly agrees to:

1. Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents ("Penn") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the Program;
2. Assume any and all risks arising from his/her participation in the voluntary activity named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.
3. Indemnify, defend and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

Name of Participant (*please print*)

Signature of Participant

Name of Parent/Legal Guardian (*please print*)

Signature of Parent/Legal Guardian

Date: