

Steve Kaufman's Acoustic Kamp Minor Participant's Release Form and Indemnity Agreement

I, _____, the undersigned parent or guardian of
_____ (here after referred to as The Minor)
agrees:

1. That The Minor will participate in the Steve Kaufman's Acoustic Kamp, and I will pay, or I have paid, the fees requested. I am allowing my child to participate in these activities at his/her own risk.

2. That this camp is sponsored by Steve Kaufman's Acoustic Kamp, and that the location will be at Maryville College in Maryville, TN, and that it will take place in June each year.

3. That Steve Kaufman's Acoustic Kamp also involves automobile transportation to and from locations in the Tennessee area and possibly elsewhere, also involves minor walking from these locations and from the main locations on Maryville College campus and possibly swimming and dancing.

4. That the Minor is physically able to do such minor walking, swimming and dancing, and that I have no medical problems that may be affected by these activities and any other activity at the camp.

5. That, in lawful consideration for The Minor being permitted by Steve Kaufman's Acoustic Kamp to participate in the activities, I as a parent or guardian of The Minor agree that I or The Minor or my heirs, assigns, guardians, distributees, personal representatives, executors, and relatives will not make claim against, or sue, attach property of, or prosecute Steve Kaufman, Steve Kaufman's Acoustic Kamp and their agents, employees, partners, assigns, directors and officers, and successors in interest, for injury or damage resulting from gross negligence or other misconduct by any employee, agent, volunteer, or contractor of Steve Kaufman, Steve Kaufman's Acoustic Kamp, or as a result in my participation in any of the following activities:

- A. attendance to all musical instruction events;
- B. all walking or hiking at the camp;
- C. all recreational activities at the camp;
- D. automobile travel to and from or during any activity at the camp;
- E. any other activity at the camp.

6. I agree to indemnify Steve Kaufman, his agents, employees, owners, successors and assigns and hold them harmless, from any and all liability, responsibility and acts of negligence that may result in damage or loss of personal property brought by me to, or acquired at Steve Kaufman's Acoustic Kamp.

OVER
Steve Kaufman's Acoustic Kamp

Minor Participant's Release Form and Indemnity Agreement Continued

7. I agree to allow Steve Kaufman's Acoustic Kamp to use my picture and likeness for use in future advertising, camp products or in video format which we may reproduce and distribute subject to applicable copyright law.

8. I agree that execution and timely delivery of this release are preconditions for my being permitted to participate in the Steve Kaufman's Acoustic Kamp.

Emergency Medical Treatment Consent:

I, the undersigned, give permission for emergency medical treatment if necessary while attending Steve Kaufman's Acoustic Kamp.

**THIS IS A GENERAL RELEASE AND INDEMNITY AGREEMENT.
PLEASE READ CAREFULLY BEFORE SIGNING**

Signed: _____ **Print Name:** _____

Date: _____

Insurance Policy Carrier _____

Insurance Policy Number _____

Person, or 2nd party, to notify in case of an accident:

Phone number of 2nd party: (_____) _____ - _____

**Steve Kaufman's Acoustic Kamp
PO Box 1020
Alcoa, TN 37701**

TO: Emergency Personnel Date: _____

I hereby give my consent to any medical personnel to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all activities. I waive, release, absolve, and hold blameless Steve Kaufman=s Acoustic Kamp, it=s teachers, supervisors, persons transporting my child to and from the activities, and other participants, from any claim arising out of an injury or sickness to my child.

I authorize the personnel at Steve Kaufman=s Acoustic Kamp to administer first aid to my child in the event of their involvement in an accident or sickness.

SIGNATURE OF PARENT _____

DRIVERS LICENCE # _____

ADDITIONAL INFORMATION

Please Fill Out Completely

HOME ADDRESS

NAME OF FAMILY DOCTOR _____ Phone _____

ALLERGIES OF CHILD _____

LIST ANY MEDICATION CHILD MAY BE ALLERGIC TO: _____

DATE OF LAST TETANUS SHOT: _____

INSURANCE COMPANY COVERING CHILD _____

POLICY # _____ DATE OF EXPIRATION _____

EMERGENCY PHONE NUMBERS

FATHER AT WORK _____ MOTHER AT WORK _____

HOME NUMBER _____ OTHER _____

Please return with the Minor Release Form
Steve Kaufman's Acoustic Kamp
PO Box 1020
Alcoa TN 37701