

STUDENT NAME _____

Yellowstone Summer Music Camp Consent and Release Form

Does your son or daughter have any special medical problems, allergies, restrictions to activities of which we should be informed (asthma, special diet, etc.)? Please send along any prescription drugs which may be needed.

I the undersigned hereby authorize Yellowstone Summer Music Camp officials to act for me according to their judgment in any emergency requiring medical attention for the student named above, if camp officials are unable to contact me. He/She also has my permission to participate in all camp activities. I give my consent for administration of cough drops, Ibuprofen or Tylenol, and Tums as needed.

I grant to Northwest College (photographer) and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs/video of the minor named above, or in which the minor may be included, for editorial, trade, advertising and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I release Northwest College (photographer) and its legal representatives and assigns from all claims and liability relating to said photographs/video.

Name of Parent/Guardian (print)

Parent/Guardian Signature

Date

Relationship to student

() _____
Primary Phone Number

() _____
Cell Phone Number

() _____
Work Phone Number

Any use, or possession of, alcoholic beverages, controlled substances or other illegal items is strictly prohibited. This will result in immediate expulsion from the camp and the campers' parents will be called and expected to pick up their child.