



**THE ROYAL SCHOOL OF CHURCH MUSIC  
CHARLOTTE COURSE  
CONSENT/RELEASE FORM**

RE: \_\_\_\_\_  
(Name of child)

1. In consideration for allowing my child to participate in The Royal School of Church Music, Charlotte Course, We/I hereby release The Royal School of Church Music, Charlotte Course, all employees of The Royal School of Church Music, Charlotte Course and all course volunteers who participate in the activities of the course (directly related as well as ancillary thereto), from liability on my behalf and on behalf of my minor child, based on a claim of negligence arising in any way from my child's participation in the course and the activities which take place during the course (i.e., all activities of whatever nature from the time my child leaves my care, custody and control in anticipation of the departure of the trip until the time my child is returned to my care, custody and control after the termination of the course) except to the extent the injury is covered by any insurance procured by The Royal School of Church Music, Charlotte Course which insurance does not allow for subrogation of the claim as against the course employees or volunteers alleged to have been negligent or to the extent and amount the injury is specifically covered by insurance providing coverage for the person or persons alleged to have been negligent. This release relates solely to ordinary negligence and does not apply to willful or wanton negligence or intentional misconduct on behalf of any employee or volunteer. I understand that my child may be transported by church van or rental vans during the week, and I give my consent for such travel.

Additionally, We/I specifically agree to indemnify and hold harmless, The Royal School of Church Music, Charlotte Course and any course employee or course volunteer who participates in any aspect of the course from any loss, damage or demand sustained in any way related to my child's participation in the above designated course whether from their alleged negligence or otherwise, except with respect to the individual employee or volunteer where the loss is related to willful or wanton negligence or intentional misconduct of that course employee or volunteer.

This release and indemnity as to The Royal School of Church Music, Charlotte Course is absolute to the extent not covered by insurance.

2. I hereby give my authorization and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during the aforementioned period of time, regardless of whether such treatment or service becomes necessary by reason of an emergency, unanticipated conditions or otherwise. Such consent and authorization shall include also the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of licensed physicians.

3. Medical information the adults should be aware of:

Insurance policy name & number: \_\_\_\_\_  
***!!!Please attach a copy of both sides of your insurance card!!!***

Name and phone number of family doctor: \_\_\_\_\_

Phone numbers where parents can be reached during this outing:

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

Allergies ever evident? \_\_\_\_\_ To what (Food, insect bites, etc.) \_\_\_\_\_

\_\_\_\_\_

Any known drug sensitivities? (Penicillin, etc.) \_\_\_\_\_

Are there any over-the-counter products you do **not** want given to your child (Tylenol, Pepto-bismol, etc.)?

Please specify: \_\_\_\_\_

\_\_\_\_\_

If you have a preference for the treatment of any of the following conditions, please specify and provide:

Headache \_\_\_\_\_ Rash \_\_\_\_\_

Stomachache \_\_\_\_\_ Insect bites \_\_\_\_\_

Sunburn \_\_\_\_\_

Any special medical conditions, dietary needs, or food allergies we should know about? This information will be kept confidential, but for the sake of your child's safety, we need to know all prescriptions your child may be taking and the condition for which the medication is prescribed, so that we can inform emergency personnel fully. Adult staff members will administer all prescription and non-prescription medications to maintain safety.

\_\_\_\_\_

\_\_\_\_\_

Additional information, instructions, specifics you feel strongly about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.** I hereby give my authorization and consent for my child to attend the RSCM Charlotte Course on June 26 - July 2, A.D. 2017, being subject to your supervision during the term thereof, and I acknowledge that I am granting permission to RSCM America and the Charlotte Course to use, reproduce, and/or distribute photographs, films, video tapes, podcasts, media releases and sound recordings of my child, without compensation or approval rights, for use solely in materials created for purposes of promotional, informational, or educational activities of RSCM America and the Charlotte Course.

(Date) \_\_\_\_\_

1. \_\_\_\_\_ (Seal)

2. \_\_\_\_\_ (Seal)

Both parents/ guardians/ custodians must sign or in the case of divorced parents, the parent with custody.

*Release must be signed before the child can participate in the above referenced outing.*

**The Royal School of Church Music in America**  
**Charlotte Course**  
**Program Policies Agreement**

The RSCM training course staff respects the judgment of all participants. Our policies have been established to help ensure safe and enjoyable training courses. The safety of all and the success of our program depend on the actions of each participant. Therefore, any RSCM participant

whose attitude, conduct, or behavior is detrimental to the course or to the reputation of the program,

who endangers him/herself or other members of the group in any way, or

who uses alcohol, tobacco, or any non-medical drug during the course

will be dismissed from the course at the discretion of the course manager, music director, and chaplain. Under such circumstances, all additional transportation, communication, accommodation, and other expenses incurred by the dismissed participant shall be the responsibility of the participant's parents or legal guardian. There is no refund whatsoever for participants who are expelled, regardless of the point at which they are dismissed. In addition, parents are financially responsible for damage to facilities or the property of other participants caused by their children.

I agree to the above policy.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**For more information, contact:**

Tracy Reed, RSCM Course Registrar  
8808 Darcy Hopkins Drive  
Charlotte, North Carolina 28277-0287  
Phone: (704) 849-9791  
Fax: (704) 366-3039  
e-mail: [RSCMCharlotte@aol.com](mailto:RSCMCharlotte@aol.com)

**QUEENS UNIVERSITY OF CHARLOTTE  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK  
AND INDEMNITY AGREEMENT**

I, (or on behalf of my minor child) \_\_\_\_\_ (“Participant”), hereby acknowledge that Participant has voluntarily elected to enroll in the Royal School of Church Music Summer Camp (“Program”), to be held in and around Queens University of Charlotte, from June 25 – July 2, 2017. **In consideration for being permitted by the (“Queens University of Charlotte”) to participate in the Program, I hereby acknowledge and agree to the following:**

**ELECTIVE PARTICIPATION:** I acknowledge that my participation (or my enrollment of my minor child) is elective and voluntary. As a condition of my participation, I hereby grant Queens University of Charlotte the right to use, for promotional purposes only, any photographs of me taken by Queens University of Charlotte, its employees or agents, during my participation in the Program. I further understand and agree that Queens University of Charlotte may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

**INFORMED CONSENT:** I have been informed of and I understand the various aspects of the Program. I understand and agree that I/my minor child will engage in activities which may pose a risk of harm. I understand that these activities include but are not limited to: playing, observing or participating in Program activities, or traveling to and from Program events. I further understand and agree that the risks involved in this Program may include, but are not limited to: travel to and from the Program site, including via private vehicle, common carrier, and/or Queens University of Charlotte owned vehicle, injury resulting from game-like activities during the Program as a result of the activity area’s conditions, the acts of third parties or other unknown safety hazards, injuries due to conditions of equipment, unpredictability of weather and conditions, wildlife, first aid operations or procedures of Releasees and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time. By participating, I/my minor child could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Queens University of Charlotte’s actions or inactions, but also the actions, inactions, negligence or fault of others, the conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures and I understand that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I/my minor child may sustain by any means is my sole responsibility except for those occurrences due to Queens University of Charlotte’s gross negligence or intentional acts.

**RELEASE AND WAIVER OF LIABILITY:** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Queens University of Charlotte, its governing board, directors, officers, employees, agents, volunteers and any students (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I/my minor child may suffer as a result of my/my minor child’s participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES’ GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN**

**TRANSIT TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I/my minor child sustain as a result of my own negligent acts.

**ASSUMPTION OF RISK:** I understand that there are potential dangers incidental to my/my minor child's participation in the Program because the Program includes activities, some of which may be dangerous and which may expose me/my minor child to the risk of personal injuries, property damage, or even death. I understand that these potential risks include, but are not limited to: travel to and from the Program site, including via private vehicle, common carrier, and/or Queens University of Charlotte owned vehicle, injury resulting from game-like activities during the Program as a result of the activity area's conditions, the acts of third parties or other unknown safety hazards, injuries due to conditions of equipment, unpredictability of weather and conditions, wildlife, first aid operations or procedures of Releasees and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR GROSSLY NEGLIGENT ACTS,** and assume full responsibility for my/my minor child's participation in the Program.

**INDEMNITY:** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I/my minor child may suffer as a result of my/my minor child's participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS.**

**PERSONAL MEDICAL INSURANCE.** I agree to purchase and maintain during the term of the Program personal medical insurance for myself/my minor child. I further acknowledge that I am responsible for the cost of any and all medical and health services I/my minor child may require as a result of participating in the Program.

**CERTIFICATION OF FITNESS TO PARTICIPATE:** I attest that I/my minor child am physically and mentally fit to participate in the Program and that I/my minor child do not have any medical record of history that could be aggravated by my/my minor child's participation in the Program.

**MEDICAL CONSENT:** I understand and agree that Releasees may not have medical personnel available at the location of the Program or off-site Program event. In the event of any medical emergency, I (initial one) do\_\_\_do not\_\_\_ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that Queens University of Charlotte personnel deem necessary for my/my minor child's safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**CHOICE OF LAW:** I hereby agree that this Agreement shall be construed in accordance with the laws of the State of North Carolina.

**OPTIONAL:** I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

**SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

**I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Participant)

**Signature of Parent/Guardian for Participants Who Are Minors:**

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY Queens University of Charlotte.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)