



**Self-Declaration Form for Adult Participants  
Attending RSCM Courses/Events for Young People under age 18**

1. Title & Full Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

3. Date of birth: \_\_\_\_/\_\_\_\_/ 19\_\_\_\_

4. How long have you lived at the above address? \_\_\_\_\_

If less than 12 months, please give the following information:

Previous  
Address: \_\_\_\_\_

How long there? \_\_\_\_\_

5. Where are you currently employed? \_\_\_\_\_

How long?  
\_\_\_\_\_

**6. REFERENCES -**

Please provide the names and addresses of two people, one ordained and one lay, who have known you for at least two years and who will provide a personal reference. (Please do not use the Course Manager or a family member.) (*Participants from school or community choirs may substitute a principal or board chair.*) Included are two reference forms. Please give the forms and envelopes addressed to the Course Manager to your references and ask them to send them directly to the Course Manager.

A. The Reverend \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

B. \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**7. RSCM EVENTS/ACTIVITIES**

Please list your prior RSCM course experience - venues and dates

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

**Adult Declaration Form, page 2**

8. Do we have your permission to run a criminal background check?  
(Required of all adult participants by Queens University of Charlotte.)

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you taken a Safe Church/Sexual Ethics training course provided by your diocese or denomination?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

**Please enclose a copy of your certificate of attendance.**

**CONFIDENTIAL**

**10. DECLARATION**

We, who administer courses in the training of youth and adults through the Royal School of Church Music in America, are committed to the safety of all involved. In addition to providing musical and spiritual instruction of the highest available caliber, we intend to safeguard the physical, mental, spiritual, and emotional stability of participants and staff while under our supervision. You are therefore requested to provide the following information:

Have you ever been convicted of a criminal offense, other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been found by a civil court to have caused significant harm to a child or young person under the age of 18, or has any civil court made any finding against you that any child or young person under the age of 18 was at risk of significant harm?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Declaration Statement: I declare that all the information I have provided is true and complete to the best of my knowledge, and I understand that a criminal background check will be run on me. 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 me, 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.*

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

Name (please print): \_\_\_\_\_

**Please return this form with your other registration materials to the Course Registrar.**

## RSCM in America Summer Courses Adult Participant Reference Form

Dear Sir or Madam:

\_\_\_\_\_ is registering to attend one of the summer courses sponsored by the Royal School of Church Music in America. These summer courses provide a place where people can share in the joy of community, the thrill of musical growth, and the peace of renewal. We who administer these courses are committed to the safety of all involved. In addition to providing musical and spiritual instruction of the highest available caliber, we intend to safeguard the physical, mental, spiritual, and emotional stability of participants and staff while under our supervision.

To that end, we ask you to provide the following information regarding this person. Kindly send it in the enclosed envelope directly to the Course Manager, **Mr. Alan Reed, 8808 Darcy Hopkins Drive, Charlotte, NC 28277-0287**. Please know that all information will be kept securely and in strict confidence. We are grateful to you for your assistance in this matter.

Sincerely,  
The RSCM America Board of Directors

\_\_\_\_\_

How do you know this person?

How long have you known this person?

In what capacity have you seen this person interacting with children or youth?

Would you trust this person to interact with children and youth?

Is there anything you know about this individual that would make it inappropriate for him/her to be present with children and youth?

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

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

I, \_\_\_\_\_ (“Participant”), hereby acknowledge that I have 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 IF 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)