

**Parent Identification/Release of Liability Record  
Due at Registration**

This form must be filled out by all parents/guardians along with their names and contact information. Camp Staff will check this form when parent/guardians/individuals come to check out their child from camp. This form will be kept in the dormitory office. If you need to update, please e-mail our camp office.

**Parent/Guardians please list the parent/guardian(s) the camper can leave with.**

**All** individuals/parents/guardians **must** be on this list in order for the camper to leave camp/campus with them.

**All** individuals/parents/guardians **must show identification** when signing out the camper from camp.

**Campers First Name**

**Middle Initial**

**Last Name**

Has permission to leave Cannon Music Camp with any individual named on the document.

It is understood that the camper should not miss a camp class, rehearsal or concert.

The Camper has notified their counselor and instructors of their absence.

**List of all immediate Parent/Guardian Names and Phone contact information**

**Check box on right IF camper can leave with Parent/Guardian listed below**

Parent/Guardian Name(s)	Cell Phone Contact Number	Check

**Individuals with whom my child may leave camp/campus:**

Name	Relationship	Date(s) allowed to leave

In consideration of my child being permitted to leave Cannon Music Camp with the above named individual(s),

I agree as follows:

1. I release and shall indemnify, defend, and save harmless Appalachian State University, Cannon Music Camp, the University of North Carolina, the State of North Carolina, and their respective governors, trustees, agents, and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney fees, arising or claimed to have arisen out of illness, personal injuries or death, sustained by my child as a result of any cause whatsoever.
2. I understand and agree that I am and will be financially responsible for any charges, fees or costs for providing any medical or health care or related services to my child during his/her time away from Cannon Music Camp, and thereafter, with respect to illness or injury sustained during time away from Cannon Music Camp with an above named individual.

As PARENT/GUARDIAN of the above named Cannon Music Camp Camper, I hereby release Cannon Music Camp, its staff and Appalachian State University of any and all liability when my child is with the named person(s) above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_