

**CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION IN THE 2017  
JAMAICA MUSIC CAMP AT THE TRYALL CLUB, HANOVER, JAMAICA**

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child/ren \_\_\_\_\_(Please Print) to participate in Jamaica Music Camp (hereinafter referred to as the "Camp").

I understand that it is my responsibility to provide transportation for my child/ren to and from the Camp. I understand that in order to participate in this program, my child/ren must abide by the established rules and codes of conduct established by the program staff.

I understand that the activities of this program may include certain physical activities such as swimming etc. I understand and agree to assume any and all risks associated with the Camp's activities.

I grant permission for my child/ren to participate in activities that are part of the activities for the Camp. I understand that some of these activities may include transportation, and give permission for my child to be transported as necessary.

I grant permission for my child/ren to be photographed for purposes of publicity. I understand that some photographs may appear in newspapers or future brochures.

The Camp reserves the right to dismiss a child from the Camp due to any behavior deemed unacceptable by the Camp staff. A child's dismissal will be at the discretion of the Director of the Camp. If a child is dismissed from camp, there will be no refund.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the Camp, requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation's I will be notified as soon as possible. I also agree to provide the Camp staff with emergency contact numbers. I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness ,injury, or accident occurring while my child is attending the Camp is my responsibility, and that the Camp are not obligated to pay for such medical care.

For the sole consideration of allowing my child to participate in this program, I hereby release and forever discharge the Camp and its Director and Staff, from any and all claims, demands, rights and causes of action of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child's participation in this program.

I further covenant and agree that for the consideration stated above I will not sue the Camp, its Director or Staff for any claim for damages arising or growing out of my child's voluntary participation in this program.

I have received a copy of this document and I have read the above carefully before signing.

---

Signature of Parent or Legal Guardian and Date

---

Name of Parent or Legal Guardian (Printed)