

# MONROE MANDOLIN CAMP

PO Box 2222, Mt. Juliet, TN 37121

## Minor Release Form

1. \_\_\_\_\_ (Parents of minor) have given their Parental Consent with the intention of \_\_\_\_\_ (Child) to attend the Monroe Mandolin Camp.  
**Signed Name:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Relationship from Parent/Legal Guardian to Child:** \_\_\_\_\_  
**Date Signed:** \_\_\_\_\_
2. In consideration for receiving permission for my child's participation in any and all activities of Monroe Mandolin Camp (herein referred to as 'camp'), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the Venue and the Monroe Mandolin Camp, their members, servants, agents, volunteers, employees (herein referred to as RELEASEES), from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as result of the sole, joint, or concurrent negligence, negligence per se statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)
3. **INDEMNITY CLAUSE:** I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to standard risks associated with camp activities and COVID, and I choose to voluntarily allow my child in said activity with full knowledge that the activity may be hazardous to me, my child, and my property, and to the person and property of others. I know of no medical reason why my child should not participate. I agree to indemnify and hold harmless the Venue and Monroe Mandolin Camp, their members, servants, agents, volunteers, employees (herein referred to as INDEMNITIES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney fees and expenses which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITIES. \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)
4. **NO INSURANCE:** I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. The organization (CAMP) may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance. \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)

5. **BINDS HEIRS:** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representatives, if I am deceased, and shall be governed by the laws of the State of Tennessee. \_\_\_\_\_(Initials) \_\_\_\_\_(Date)
6. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER:** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability fo RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)
7. **VOLUNTARY SIGNATURE:** In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to my child that do not have the risks associated with this activity, I still desire to voluntarily permit my child to engage in this activity. \_\_\_\_\_(Initials) \_\_\_\_\_(Date)

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Participant Signature: \_\_\_\_\_  
 Participant Printed Name: \_\_\_\_\_  
 Participants Date of Birth: \_\_\_\_\_  
 Parent or Legal Guardian Signature: \_\_\_\_\_  
 Parent or Legal Guardian Printed Name: \_\_\_\_\_

**In case of Emergency Contact:** \_\_\_\_\_  
**At the Following Numbers:** \_\_\_\_\_ or \_\_\_\_\_

**Medical Insurance for Participant:**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Primary Policy Holder: \_\_\_\_\_

Please list any special services your child may require: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTARY:**

This RELEASE FORM contains three (3) pages of documents, and is signed before me,  
\_\_\_\_\_ (Full Name of Witness)  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ (am / pm)

Witness/Notary Public Signature: \_\_\_\_\_

Witness/Notary Public Print Name: \_\_\_\_\_

Stamp: