

Participant's Name _____
Last First Middle Initial(s)

I. In consideration for allowing my child to participate in the Royal School of Church Music Carolina Course for Girls and Adults from July 13-19, 2009, at Saint Mary's School, We/I hereby release The Royal School of Church Music, Carolina Course for Girls and Adults, all employees of the Royal School of Church Music, Carolina Course for Girls and Adults, all course volunteers, Saint Mary's School and employees of Saint Mary's School 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 to the departure of the course, 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, Carolina Course for Girls and Adults and/or Saint Mary's School which insurance does not allow for subrogation of the claim against the course/school 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 persona 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 the part of any employee or volunteer.

Additionally, We/I specifically agree to indemnify and hold harmless The Royal School of Church Music, Carolina Course for Girls and Adults, course employees, course volunteers, Saint Mary's School and any employee who participated in any aspect of the course/school 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 related to willful or wanton negligence or intentional misconduct of the course/school employee or volunteer.

This release and indemnity as to The Royal School of Church Music, Carolina Course for Girls and Adults and Saint Mary's School are absolute to the extent not covered by insurance.

2. I hereby give my authorization and consent for the rendering to my child, by a license 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 services become necessary by reason of an emergency, unanticipated condition 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. I hereby give my authorization and consent for my child accompanying you to and from all authorized off campus RSCM activities from July 13-19,2009, being subject to your supervision during the term thereof.

IMMUNIZATION RECORD: Please record the dates your child received the following immunizations.

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Hib 1 _____ 2 _____ 3 _____ 4 _____

Polio 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Hepatitis B 1 _____ 2 _____ 3 _____

MMR#1 _____ MMR#2 _____

Measles _____ Rubella _____ Mumps _____

Tetanus, Diphtheria Booster _____

Insurance policy name _____ Number _____

Name of family doctor _____ Telephone number _____

Telephone number where parents can be reached during the course: Daytime _____ Evening _____

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 the following conditions, please specify.

Headache _____

Stomachache _____

Sunburn _____

Rash _____

Insect bites _____

Are there any special conditions we should know about? Please mention any prescription medications your child will need and the time of administration. Staff nurses will administer these medications. (Send in Rx container with name and dosage.)

SIGNATURES

Father's _____ Date _____

Mother's _____ Date _____

Signatures of both parents, custodians, or guardians of above-named child are required. (Both parents 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 activity.

Return this form to
Mrs. Nancy Hendricks
6260 Shilelagh Oaks Parkway
Ravenel, SC 29470
Tel: 843-889-0428; Email: nchendricks88@cs.com