



Friends of the
St. Augustine Amphitheatre, Inc.

P. O. Box 840179
St. Augustine, FL 32080-0179



INFORMATION, AUTHORIZATION, RELEASE AND WAIVER AGREEMENT
FOR FRIENDS OF THE ST. AUGUSTINE AMPHITHEATRE

St. Augustine CAMP ROCK 2017

Camp to be held June 26 – 30, 2017 from 9:00 AM – 2:30 PM

Please copy this application, print or type responses, and e-mail as an attachment to:

camprock@eclipseRecording.com

Ages of Campers: Rising 6th grader to 12th Grade

Child: Last Name _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: M ___ F ___ D.O.B.: _____ Grade as of Fall 2017: _____

Name of School _____

Musical Instrument: Voice ___ Guitar ___ Bass ___ Drums ___ Keyboards ___
(May select more than one)

Years playing instrument: _____ Do you own your instrument? Yes ___ No ___

Camp Cost: \$200.00 per student due upon acceptance – No refunds

Does your child need a scholarship? _____ Why do you feel your child needs a scholarship?
(Please include letter with application. If emailing application, include letter in an attachment)

I am aware my child(ren) is responsible for bringing their own lunch: _____ (Initials)
Snack and water provided.

Food allergies or special needs: _____

Shirt size: Adult S ___ M ___ L ___ XL ___

Your child must be dropped off no later than 9:00 AM and picked up no later than 2:40 PM.

Camp Rock is dependent on daily attendance. Each camper is an integral part of a group that will be less effective if a member is missing. No shows, except in case of illness, will result in removal of a child from camp.

Recording at Eclipse Recording Co. Date to be determined. Parents/Guardians are responsible for student's transportation to Eclipse: _____ (Initials)

Parent/Guardian print name

Parent/Guardian signature

Date: _____

Application must be received by: May 15, 2017.



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All applicants will be notified of results by May 20, 2017. Payment due by June 1, 2017

Responsible Party Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Alternate Phone: _____ Email _____

Your Relationship to Participant(s): _____ *

**If the relationship is other than custodial parent, please specify and provide written confirmation of authority.*

List of people responsible for picking up your child(ren) from Camp. Must provide photo ID at pick up. The name must be the same as listed.

Name:	Cell Number:	Email:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I give my child(ren) permission to drive themselves to St. Augustine CAMP ROCK:

Parent signature Date

I will be driving myself to St. Augustine CAMP ROCK:

Student Signature Date

Emergency Authorization:

In the event of a medical emergency, I authorize Friends of the St. Augustine Amphitheater and/or its agents, representatives, employees, independent contractors and/or officers or directors to contact healthcare provider(s) and/or emergency personnel. _____ (Initials)



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Release and Waiver

The undersigned, _____, who is the _____ of the minor participant named above, for and in consideration of the minor participant's participation in the Friends of the St. Augustine Amphitheatre, St. Augustine Camp Rock, individually and on behalf of the minor participant, fully releases Friends of the St. Augustine Amphitheatre, its agents, officers, directors, representatives, independent contractors and/or employees (hereinafter collectively "FOSAA") as to any loss(es), damage(s), claim(s), demand(s) and/or liability arising out of, resulting from injury to person, property or death of the above-named minor participant, or the minor participant's property whether or not caused by the act(s), omission(s), and/or negligence of FOSAA during the child's participation in the camp and/or presence on the premises described as: 1340 A1A South, St. Augustine, FL 32080 ("Premises").

The undersigned assumes full responsibility for and risk of bodily injury, death or property damage to the named participant and/or the named participant's property due to the act(s), omission(s), and/or negligence of FOSAA, arising out of, resulting from or in connection with the above-named participant's participation in the camp and/or being upon the Premises and/or while using the Premises, facilities or equipment located at the Premises.

The undersigned fully and finally waives any and all demands, claims and/or actions for damages including both personal injury, including death, suffered by and/or property damage and all expenses and costs, including attorney's fees and costs, incurred on behalf of the minor participant arising out of, resulting from or in connection with the minor participant's participation in the camp and/or presence on the Premises.

This Release and Waiver, extends and applies to and also covers and includes all unknown, unforeseen, unanticipated and/or unsuspected injuries, damages, losses and liabilities and the consequences thereof as well as those now possibly foreseeable or known to exist. The provision of any State, Federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to the person executing such Release and Waiver at the time of execution, are hereby expressly waived.

The undersigned has read this Agreement in its entirety and has knowingly and voluntarily signed this Information, Authorization, Release and Waiver Agreement and further agrees that no oral representations, statements and/or inducements not stated in this written agreement have been made to the undersigned.

I HEREBY CERTIFY that I am a custodial parent, legal guardian or _____ of the above-named participants and on behalf of myself and said participants hereby agree to the terms stated herein.

I hereby give permission for my child(ren) to be photographed or videotaped which may also be used in newspapers and media broadcasts yes___ no___

Print Name

Parent/Guardian Signature

Date