



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 2016**

Camp to be held July 11-15, 2016 from 9:00 AM – 2:30 PM

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

[camprock@eclipse recording.com](mailto:camprock@eclipse recording.com)

**Ages of Campers: Rising 6<sup>th</sup> grader to 12<sup>th</sup> Grade**

Child: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ D.O.B.: \_\_\_\_\_ Grade as of Fall 2016: \_\_\_\_\_

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 and video addition must be received by: July 6th 2016.



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## 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 Amphitheatre 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