

Alan Keown Summer Camps

(The below address is NOT the address for the camp site, it is only the address for camp forms)

2510 Debra Drive
Springfield OR, 97477
(541) 554-5992

MEDICAL RELEASE FORM & LIABILITY WAIVER

Please complete this form and turn it in at camp check in. Each camper must have this form on file with the camp director.

MEDICAL RELEASE STATEMENT: I hereby authorize the camp officials to have my son or daughter or myself treated by local medical personnel for any medical problems which may arise while attending any Alan Keown, Scott Reese or Scott Reese Leadership Summer Camp. I also authorize the appropriate medical personnel to admit my son or daughter or myself to the local hospital.

PARENT OR GUARDIAN SIGNATURE or
CAMPER SIGNATURE (IF OVER 18)

DATE

PLEASE PRINT:

Name of person attending camp: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Insurance Carrier: _____ Group Number: _____

Special medical problems or allergies: _____

LIABILITY WAIVER

I agree to hold Alan Keown, Scott Reese, Yamaha Drum Company, Pacific Winds, Pro-Mark, Drumstick Co., and Camp Serene free from any liability for any injury, accident, or property loss of any kind while my son or daughter or I am in attendance at any Alan Keown, Scott Reese, or Scott Reese Leadership Summer Camp.

PARENT OR GUARDIAN SIGNATURE or
CAMPER SIGNATURE (IF OVER 18)

DATE

Scott Reese Leadership Camp and Alan Keown Drum Camp Photo Release

I hereby grant Scott Reese Leadership Camp permission to use my likeness in a photograph, video, or other media in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Scott Reese Leadership Camp.

I hereby authorize the Scott Reese Leadership Camp to edit, alter, copy, exhibit, publish or distribute any photos, video, or other media obtained during the week of camp for purposes of publicizing the Scott Reese Leadership Camp's programs.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or legal guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)