

MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

Camp Name:	UNM Music Prep School
Start & End Dates	Summer 2025 & SY25-26
Participant's Name	
Parent or Legal Guardian Name	

The University of New Mexico (“UNM”) offers youth camp programs through the UNM Music Prep School, A Community Music School. A description of all youth camps, including the Participant’s chosen camp is available online at musicprep.unm.edu.

As Participant’s parent or legal guardian, I understand and acknowledge that certain risks are inherent to participating in recreational activities and youth camps, due to one’s own actions, the actions of others or a combination of both. These risks may result in illness, injury, minor or serious, as well as damage to personal property. If I have any specific questions about Participant’s safety or the risks associated with Participant’s chosen camp, I understand that I should speak to the UNM Music Prep School, A Community Music School staff.

In addition to the inherent risks associated with recreational activities and youth camps, there are also local, state and federal emergency declaration related to COVID-19. As a participant in a minors on campus program, I understand that there is an increased risk for spread of contagion. As such, I understand that I am also required to read and agree to follow our “Bring Back the Pack” guidelines, which can be found at: <https://bringbackthepack.unm.edu/>

Knowing the risks and in consideration of being permitted to participate in the above named camp, I do agree to assume all risks of illness, personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child’s participation in the youth camp. I also, hereby release, waive, indemnify, hold harmless and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my child’s activities, including the use of equipment and facilities provided by UNM.

I further understand that UNM does not provide health insurance for individuals participating in youth camps. As such, either I or my personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the youth camp.

By signing this form, I am stating that I have read this waiver and notice of risk, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this waiver and notice of risk knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

 Print Participant’s Name

Date

 Print Parent/Legal Guardian’s Name

Parent/Legal Guardian’s Signature

Date

UNLIMITED IMAGE RELEASE AGREEMENT

GRANT

For consideration which I acknowledge, I irrevocably grant to the Regents of the University of New Mexico (UNM) acting through its Music Prep School and UNM's assigns, licensees, and successors, ("UNM") the right to use images taken of me or my children in all forms and media including composites or modified representations for educational purposes, including web sites. I will make no monetary or other claim against UNM for the use of said images or videos, and I acknowledge the University's right to crop or treat the images or video at its discretion. I also understand that once my image or images of my children are posted to aforementioned websites or publications, any computer user on or off campus can download the images or video.

I hereby waive any right to inspect or approve the finished images, video, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

RELEASE

I release UNM and UNM's assigns, licensees and successors from any claims that may arise regarding the use of my image or images of my children, including any claims of defamation, invasion of privacy, infringement of moral rights, rights of publicity or copyright. UNM is not permitted to include my name or my children's names as a credit in connection with the image.

UNM is not obligated to utilize any of the rights granted in this Agreement.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release and I am over the age of 18.

I understand that I am free to address my specific questions regarding this release by submitting those questions in writing prior to signing and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Child(ren)'s Name(s): _____ Date: _____

If you do NOT consent to the terms herein, put an "X" instead of your signature. Please provide an email & phone number.

Parent/Guardian Consent (included if the person is under the age of 18)

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of the model release.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Email & Phone #s: _____

**MINOR PARTICIPANT
EMERGENCY CONTACT AND MEDICAL RELEASE FORM**

Name of Minor Participant: _____ **Date of Birth:** _____

Name of Parent or Legal Guardian: _____

Address: _____
Street Address
City
State
Zip

Home phone: _____ **Business Phone:** _____ **Cell Phone:** _____

Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		YES / NO	
2.		YES / NO	
3.		YES / NO	

Medical Conditions/Allergies: (required)

If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: _____ **Phone:** _____

Health Insurance Company Name: _____ **Policy Number:** _____

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize the University of New Mexico ("UNM") and its agents or representatives to make arrangements as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to UNM to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent/Legal Guardian

Print Parent/Legal Guardian Name

Date