Important Forms!!

These attached forms must be submitted by the time of Registration.

- ☐ Summer Program Participant Agreement
- ☐ Program Emergency Contact Info
- ☐ Medical and Permission Form
- ☐ Parent Permission for Minor Participation
- ☐ Waiver/Photograph Release

Before Registration, all materials forms can be sent to:

Kushol Gupta c/o The Univ. of Penn. Band kgupta@upenn.edu

PennBand
The University of Pennsylvania

Summer Program Participant Agreement

for the 2027 Penn Band Summer Music Camp at the University of Pennsylvania

I, _____, am a participant in the 2027 Penn Band Summer Music Camp (July 11th to July 17th, 2027). As a condition of my participation in this program, I agree and understand the following:

1. I will abide by these rules and any program rules. As a parent or guardian, I will ensure that my child follows these rules and program rules.

2. I understand the possession, use, consumption, or sale of any drug (including cigarettes and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited and a criminal act under United States law. I agree not to depict any use or consumption of drugs or alcohol in any virtual setting.

3. I will not photograph or record the image or sound of any program session or any other participant at any time.

4. I will attend program activities as required. In the event my child is under 13 years of age, I will ensure he or she is supervised during program participation.

5. I will treat each person in the program with courtesy and respect, including respect for privacy. Bullying, hazing, and threatening, abusive, or harassing behavior or language are strictly forbidden, whether on campus, in a virtual program setting, or through other means of communication, such as text messages, chat, etc.

6. I will respect University property and act responsibly on campus and online. I understand that I am responsible for any damage that I may cause to property.

7. I understand that all sexual and/or pornographic activity or communication is strictly forbidden.

8. I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited. I understand that I must immediately notify my program director or security liaison should I become aware of another student having possession of a weapon.

I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be suspended or dismissed from the program immediately.

Student Signature: (Date)	
Parent Signature: (Date)	

PennBand
The University of Pennsylvania

Program Emergency Contact Info

for the 2027 Penn Band Summer Music Camp at the University of Pennsylvania

Print Participant's Name: (First, Middle, Last/Surname)	
Participant's Birthdate:	
	Two emergency contacts and 24/7 contact information are required:
1. Name:	
Relationship to Participant:	
Phone # Day:	
Phone # Evening:	
Cell Phone #:	
Permanent Address:	
Email Address:	
2. Name:	
Relationship to Participant:	
Phone # Day:	
Phone # Evening:	
Cell Phone #:	
Permanent Address:	
Email Address:	

Medical and Permission Form

for the 2027 Penn Band Summer Music Camp at the University of Pennsylvania

Authorization form for treatment of a minor:

I hereby authorize representatives from the University of Pennsylvania to consent to emergency treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below. This authorization shall remain in effect as long as the participant is involved with the program.

☐ **PLEASE PROVIDE A PHOTO COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO Dr. GUPTA (kgupta@upenn.edu)**

Exceptions (if none, write 'none'):	
Participant is allergic to the following medications:	
Other medical conditions that you wish others providing care to be aware of	
Name, Address, and Phone Number of Participant's physician:	

Insurance Information:

Is the Participant covered by a health insurance plan (circle)	**YES** **NO**
Name of Insurance Carrier:	
Policy or Plan Numbers (please attach photocopy of insurance card to this document):	
Name of subscriber to policy or plan:	
Relationship to participant:	

Health Insurance Coverage is required

My son/daughter, _____, is participating in the 2027 Summer Music Camp at the University of Pennsylvania. I hereby give my son/daughter permission to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter may have for losses, damages, or injuries arising out of or in connection to with my child's participation with the program. It is agreed that my child's participation is adequate consideration.

Parent Signature: (Date)	

Parent Permission for Minor Participants for the 2027 Penn Band Summer Music Camp Program at the University of Pennsylvania

My child,_____, is participating in the 2027 Penn Band Summer Music Camp summer program hosted by the University of Pennsylvania, from July 11th to July 17th, 2027.

I have carefully read, understand, and have signed the Summer Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my child to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries
arising out of or in connection with my child's participation in the summer program, including but not limited to injuries arising out of negligence. It is agreed that my child's participation is adequate consideration.

I consent to the collection of data, for the use and benefit of the program, regarding my child's registration for and participation in the program, including but not limited to identifying information, account information, technical information regarding my device(s), and analytical data, pursuant to the privacy policy or policies of the software used to conduct the program.

I understand that photographs, video recordings or audio recordings may be taken of me or my child during my participation in this summer program by employees, students, or agents of the Trustees of the University of Pennsylvania and may be used in connection with the University of Pennsylvania's quality control or distribution or promotion of its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or my child, for purposes of distributing or publicizing University of Pennsylvania programs or for any other lawful educational purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my or my child's likeness appears.

COVID-19 Addendum: My permission as granted hereby includes an acknowledgement that due to the ongoing nature of the COVID-19 pandemic, changes to program rules, elements, scheduling, and/or individual participant eligibility requirements, and/or program cancelations, may need to be made by the University of Pennsylvania and/or its agents from time to time in the light of changing conditions; and my consent given hereby includes my consent to such responsive changes and/or cancelations implemented by the University. I acknowledge and agree that the University retains the right in its reasonable discretion to determine if and when program changes and/or cancelations warrant the issuance of any full or partial refund. I understand the risks to me, my family, and my child associated with the transmission of respiratory disease, including but not limited to COVID-19, and my agreement to release, indemnify, and hold harmless the University encompasses health and/or safety risks relating in whole or in part to such disease.

Student Signature: (Date)	
Parent Signature: (Date)	

***A minor is any participant under 18 years of age.**

Wavier and Release

Trustees of the University of Pennsylvania
Summer Programs

In return for being permitted to participate in The Penn Band Summer Music Camp presented during the summer of 2027 by the University of Pennsylvania, and with the understanding that there are certain risks in connection with such activity, and intending to be legally bound, the undersigned, as a participant in the program and/or on behalf of the child participating for whom the undersigned is a parent or legal guardian, hereby agrees to:

1. Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents ("Penn") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving or allegedly causing personal injury or emotional distress in any way by reason of participation in the program;

2. Assume any and all risks arising from his or her, or his or her minor child's participation in the program, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.

3. Indemnify, defend and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned or undersigned's minor child.

4. COVID-19 Addendum: My permission as granted hereby includes an acknowledgement that due to the ongoing nature of the COVID-19 pandemic, changes to program elements, scheduling, and/or individual participant eligibility requirements, and/or program cancelations, may need to be made by the University of Pennsylvania and/or its agents from time to time in the light of changing conditions; and my consent given hereby includes my consent to such responsive changes and/or cancelations implemented by the University. I acknowledge and agree that the University retains the right in its reasonable discretion to determine if and when program changes and/or cancelations warrant the issuance of any full or partial refund. I understand the risks to me, my family, and my child associated with the transmission of respiratory disease, including but not limited to COVID-19, and my agreement to release, indemnify, and hold harmless the University encompasses health and/or safety risks relating in whole or in part to such disease.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

Participant's Name, printed: (Date)	
Participant's Signature: (Date)	
Parent's Signature: (Date)	
(Parent signature if participant under 18 years of age)	