

**JULIAN FAMILY FIDDLE CAMP**  
**April 11 – 15, 2017**

**Program & Activities Release / Hold Harmless / Emergency  
Care / Photo Release**

*This form must be completed by all persons seeking to participate in or instruct at the Julian Family Fiddle Camp. If more than one minor member of a family will be participating, one form may be used for all, however each attending family member must be identified in the body of the form, and an attending parent or legal guardian must sign. If a minor participant's parents will not attend, an assigned and authorized guardian must attend to chaperone the minor participant, and a "Chaperone Agreement Form" must be completed and sent as part of the registration packet to the address noted below.*

I, \_\_\_\_\_, hereby seek, and grant permission for myself and/or my minor  
(Please print)

child(ren), to participate in the program offered by the Julian Family Fiddle Camp, hereinafter referred to as "the Camp", and starting April 11, 2017, and ending April 15, 2017. While the Camp will use reasonable caution to promote its participants' and instructors' safety, I understand and accept that the Camp cannot be held liable for the safety of its participants and instructors. Therefore, and on behalf of myself and any of my participating minor children, I confirm, state and agree to hold the Camp, its officers, directors, employees, volunteers, and all those acting on behalf of the Camp, including but not limited to R. Avery Ellisman, San Diego Folk Heritage, Cal Pac Camps and/or Camp Cedar Glen, harmless from any and all injury, damage and liability of any kind by reason of any accident, injury or damage, whether to person or property, that may result from or arise out of my and my minor child(ren)'s participation in the Julian Family Fiddle Camp from April 11 – 15, 2017.

Further, I hereby grant permission for the Camp's Director or the Director of the host facility, Camp Cedar Glen, to obtain emergency medical care on behalf of myself and/or my child(ren) should it become necessary. I understand and agree that such action will be taken only if necessary and that I shall be responsible for all costs and expenses of such emergency treatment.

In the event that photographs of Camp participants or instructors are taken by the news media or by a representative of the Camp, I hereby give permission to the Camp to use my or my child's image or photograph in any official publication or presentation relating to the promotion of its activities, and hereby release all rights to the aforementioned photo/image, and understand that I will not be compensated monetarily or in any other manner for its usage.

|  |               |
|--|---------------|
| _____<br>Parent/Participant/Instructor Signature | _____<br>Date |
| _____<br>Minor Child's Signature                 | _____<br>Date |
| _____<br>Minor Child's Signature                 | _____<br>Date |
| _____<br>Minor Child's Signature                 | _____<br>Date |

**JULIAN FAMILY FIDDLE CAMP**  
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