

# The Matt Savage Marching Percussion Camp

465 Jones Branch Road Chapel Hill, NC 27517 (919) 929-7794 [rhythmalive@aol.com](mailto:rhythmalive@aol.com)

## MEDICAL RELEASE FORM & LIABILITY WAIVER

Please complete this form and turn it in at camp check in. Each student 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 treated by local medical personnel for any medical problems which may arise while attending the Matt Savage Marching Percussion Camp. I also authorize the appropriate medical personnel to admit my son or daughter to the local hospital.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE                      DATE

PLEASE PRINT:

Name of son or daughter attending camp: \_\_\_\_\_

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

Home Phone:(        ) \_\_\_\_\_ Work or Cell Phone (        ) \_\_\_\_\_

Special medical concerns, allergies or medication directions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIABILITY WAIVER

I agree to hold Matt Savage, Yamaha Drum Company, The University of North Carolina, Pro-Mark Drumstick Co, Sabian Cymbals, Remo and Millstone 4-H Camp free from any liability for any injury, accident, or property loss of any kind while my son or daughter is in attendance at the Matt Savage Marching Percussion Camp.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE                      DATE