Discount applies if full payment and waivers are received by April 30

Deposit for all Residential Camps

[7x168] Deposit for all Residential Camps
[7x200] Commuter Drum Major/Leadership Camp
[7x232] Commuter Band Camp
[7x264] Residential Drum Major/Leadership Camp
[7x293] Residential Band Camp

Total Amount Enclosed

Credit cards accepted only online prior to start date.

The SFA Band and Drum Major Camps do not tolerate cases of vandalism, fighting, substance abuse or other violations of camp safety regulations. I understand that the camp reserves the right to expel a student on these grounds, no refunds if expulsion occurs.

Scholarship is non-transferable and only applies to SFASU band camp.

These scholarships are non-transferable and do not apply to other summer music programs at SFASU. Provide your band director's signature. This certifies that the student named above meets the requirements for this music programs at SFASU. Please see elective attachment or our website for all elective information.

Only cash/checks are accepted on registration day. Credit cards accepted only online prior to start date.

Please check one:
- □ HIGH School June 7 - 12 (entering 9th & 12th in fall)
- □ MIDDLE School June 14 - 19 (entering 7th - 8th in fall)
- □ Drum Major
- □ CORPS
- □ MILITARY June 23 - 27

Please see elective attachment or our website for all elective information.

PAYMENT OPTIONS:
1. Online
   music.sfasu.edu/bandcamp
   all waivers must be faxed or emailed to complete registration.

2. Mail
   check/money order
   Checks payable: SFASU Summer Band Camps
   Summer Band Camp
   PO Box 13043 – SFA Station
   Nacogdoches, TX 75962

The SFA Band and Drum Major Camps do not tolerate cases of vandalism, fighting, substance abuse or other violations of camp safety regulations. I understand that the camp reserves the right to expel a student on these grounds, no refunds if expulsion occurs.

Scholarship is non-transferable and only applies to SFASU band camp.

No Refunds after registration begins of chosen camp

Registration is NOT complete until ALL waivers (see back) are signed and returned to the Band office!

<table>
<thead>
<tr>
<th>Residential Band Camp</th>
<th>Early Discount</th>
<th>Registration after April 30th</th>
</tr>
</thead>
<tbody>
<tr>
<td>$425*</td>
<td>$435</td>
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<table>
<thead>
<tr>
<th>Residential Drum Major/Leadership Camp</th>
<th>Early Discount</th>
<th>Registration after April 30th</th>
</tr>
</thead>
<tbody>
<tr>
<td>$370*</td>
<td>$380</td>
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<table>
<thead>
<tr>
<th>Commuter Band Camp</th>
<th>Early Discount</th>
<th>Registration after April 30th</th>
</tr>
</thead>
<tbody>
<tr>
<td>$165*</td>
<td>$175</td>
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<table>
<thead>
<tr>
<th>Commuter Drum Major/Leadership Camp</th>
<th>Early Discount</th>
<th>Registration after April 30th</th>
</tr>
</thead>
<tbody>
<tr>
<td>$155*</td>
<td>$165</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deposit for all Residential Camps</th>
<th>Deposit – Secures your place in any camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>*Must meet deadline to receive discount/passes</td>
</tr>
</tbody>
</table>

Discount applies if full payment and waivers are received by April 30th

High School Band Camp (Only for ALL-AREA & ALL-STATE Qualifier Discount) No Other Discounts Apply

Foundation Scholarship

TMEA & ATSSB ALL-AREA HONORS 2019-2020 – Students have earned All-State Band honors
TMEA & ATSSB ALL-STATE HONORS 2019-2020 – Students have earned All-State Band or Orchestra

No Refunds after registration begins of chosen camp

<table>
<thead>
<tr>
<th>Total Amount Enclosed</th>
<th>Check #</th>
</tr>
</thead>
</table>

OFFICE USE: Rec. W Enter Int FP Date

Only cash/checks are accepted on registration day. Credit cards accepted only online prior to start date.
DORM PASS FOR RESIDENT CAMPERS

**Dorm pass:** Skip the registration process and go straight to the dorms for move in. At the dorm, you will receive your ID with lanyard, meal card, t-shirt and dorm key. Medical, parking and private lesson tables will be available if needed. Auditions will take place in the Wright Building after you check into the dorm.

**Fast pass:** Commuters – Go directly into Cole Hall located in the Wright Building for check-in; auditions immediately following.

**FULL payment and signed waivers received in office prior to or on May 25th qualifies you for these passes.

AUDITIONING AND AUDITION MUSIC
Each camper will audition for band placement immediately following registration and/or dorm check in. Please visit our website: www.music.sfasu.edu/bandcamps for audition music and all camp information.

Please see our camp handbook online for all information. SFASU camp website: www.music.sfasu.edu/bandcamps

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in BAND CAMPS, and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARIALLY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity. WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney’s fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise. 

4. If I am express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

5. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

6. I further agree to become familiar with the rules and regulations of the University concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

7. I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _______ day of ______________, 2020. (if Participant is under 18 years of age or dependent on parent’s insurance and taxes for the period of the event)

Student Signature ___________________________  Parent/Guardian ___________________________

MEDICAL TREATMENT AUTHORIZATION

I, ____________________________, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician, while in attendance at the camp. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Emergency Contact: Name ( )

Health Carrier ____________________________ Policy No. ____________________________ Name ( )

Please list allergies, restrictions or health exceptions

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf and understand the university will not be responsible for any medical costs.

Parent/Guardian ____________________________  Student Signature ____________________________

PHOTO RELEASE
I, the undersigned, do hereby authorize and give to Stephen F. Austin State University (SFASU), its employees, designees, agents, and all persons or entities for or through whom SFASU is acting, permission and the absolute right to take, publish, use, edit, reproduce, distribute and other similar activity my likeness and/or voice regardless of the medium used, to specifically include but not limited to, photographic, video, audio, digital or any other electronic or digital medium. I understand that this information may be used for any lawful purpose to include artistic works, promotional or advertising efforts, publicity or recruitment and by signing this document expressly authorize such use. I agree that any reproduction of my likeness becomes the exclusive property of the University. I understand and agree that I shall not be notified when any reproduction of my likeness, regardless of form, is used, nor will I be given the opportunity to view or approve of the reproduction prior to its publication. I further understand and agree that there will be no remuneration or compensation provided for any use of my likeness, and I hereby waive any rights to royalties or other compensation arising from any use of my likeness by the University.

Student Signature ____________________________  Parent/Guardian ____________________________