

Don Hubbard Field Music School

5 - 7 June 2009

Application and Liability Release Agreement

Please return completed and signed application and payment to:

Don Hubbard Field Music School
C/O David Noell, Registrar
27 Creamery Hill Road
Granby, CT 06035

Make checks payable to: Don Hubbard Field Music School

Please PRINT or TYPE

For Student Musicians:

(Circle one. Musicians complete information about instrument, years played, and ability below.)

Instrument: _____ Years played: _____

Musical Ability Rating (Beginner, Novice, Intermediate, or Advanced) _____

For All:

Name: _____

Male/Female: _____ Age: _____ Grade in School (youth): _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Complete Address: _____

Civil War Reenacting Unit: _____ Federal ____ Confederate ____

Registration and Fees:

1. Musician Registration Fee
 - 1.1 \$89.00 by 1 September 2008
 - 1.2 \$ 99.00 by 1 January 2009
 - 1.3 \$129.00 by 1 March 2009
 - 1.4 \$149.00 After 1 March 2009
3. Infantry Registration Fee (\$ 20.00)
4. Volunteer Registration Fee (\$ 20.00)
5. Civilian Registration Fee (\$ 20.00)

Amount Enclosed as Payment in Full: _____

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Parental Permission and Release Form (for all participants under 18)

I give my permission for my son/daughter to participate in the Don Hubbard Field Music School. In case of emergency, injury, or illness, the senior staff member has my permission to secure any emergency medical care deemed necessary by a licensed physician for my child. Any allergies, medications, or special needs have been noted on this form. I understand that the Don Hubbard Field Music School, School Staff, Music Instructors, and Fort Delaware Park personnel cannot be responsible for theft or damage to personal property, or injury. I understand that there are inherent and other risks involved in Civil War reenacting and that injuries can result. I fully accept these risks for my child. I hereby release the Don Hubbard Field Music School, School Staff, Music Instructors, and Fort Delaware Park and Staff, and their agents from any and all liability for damage or loss or loss off personal property, or injury to my child, and I accept, for myself and my child, the full responsibility for any such damage, loss, or injury that may result. I accept the non-refundable deposit policy described on the application form. I understand that the use of alcohol or drugs in any form is prohibited for all participants, and that violation of this policy will result in immediate expulsion from the school and Fort Delaware. I further understand that smoking by participants under the age of 18 is not allowed. I further understand that there are only emergency radio communications to/from the Fort, and that no telephone service to the Fort itself is available. If paying by credit card, I authorize that my card be charged for the amount indicated above for my child's registration and any other indicated fees.

Parent/Guardian Signature : _____

Relation: _____

Date: _____

Release Form (For all participants over the age of 18)

I understand that there are inherent and other risks involved in Civil War reenacting and that injuries can result. I fully accept these risks. I hereby release the Don Hubbard Field Music School, School Staff, Music Instructors, and Fort Delaware Park and Staff, and their agents from any and all liability for damage or loss or loss off personal property, or injury, and I accept the full responsibility for any such damage, loss, or injury that may result. I accept the non-refundable deposit policy described on the application form. I understand that the use of alcohol or drugs in any form is prohibited for all participants, and that violation of this policy will result in immediate expulsion from the school and Fort Delaware. I further understand that smoking by participants under the age of 18 is not allowed. I further understand that there are only emergency radio communications to/from the Fort, and that no telephone service to the Fort itself is available. If paying by credit card, I authorize that my card be charged for the amount indicated above for my registration and any other indicated fees.

Signature : _____

Date: _____

Insurance Policy Information:

Insurance Company: _____

Insurance Policy Holder's Name: _____

Insurance Policy Number: _____

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Photo/Video/Recording Release

I give permission for publication of photos, video, and recordings taken of me or my child (if the student is under the age of 18) at the Don Hubbard Field Music School. I understand that no royalty or compensation will be due me and I give up the right to payment if the photo, video, or recording is published.

Signature : _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Musician Non-Refundable Deposit Policy: For any cancellation requested in writing prior to three weeks before the event, a non-refundable deposit of \$39.00 will be deducted, and the balance of the fees paid will be refunded. Cancellations received within three weeks of the event are completely non-refundable.

Signature : _____

Date: _____

Medical Information: Allergies, medications, or special needs

Allergies: _____

Medications: _____

Special Need: _____

Emergency Contact Information

Name: _____

Relation: _____

Contact Phone(s) : _____

Name: _____

Relation: _____

Contact Phone(s) : _____