Southwest Ohio Music Academy
2026 Summer Camp Registration

Please Fill Out and Sign this form and return it to:
swomusicacademy@gmail.com

Camp Date(s) & Times: **Saturday, August 1, 2026, 9 a.m. to 5 p.m.**

Location: **First Presbyterian Church, Troy, OH**
20 S Walnut St, Troy, OH 45373

Participants Name: _____ Participants Age/Grade:_____

Years of Taking Lessons: _____

School/Institution:_____

Participants Instrument: _____ Indicate if you want to perform in the Masterclass (Optional): Yes or No

If yes, please submit one piece in a YouTube link and provide the repertoire information_____

Pay $45 if Apply by 6/14/26_____; $55 if Apply by Deadline 7/12/26_____

Payment Option 1:
Zelle: swomusicacademy@gmail.com

Payment Option 2:

I, _____ (“Legal Guardian”), guardian of the minor child _____

_____ (“Participant”), hereby grants permission to allow Participant to participate in the above camp to be conducted by the Southwest Ohio Music Academy (SOMA). I understand that there are inherent risks involved in participating in the camp, and I realize that participation in the camp is my and the Participant's choice. I am aware that, during the camp, certain risks and dangers may occur, including, but not limited to, accident or illness; forces of nature; all manner of the foreseen and unforeseen bodily and personal injuries, including death, damage to property, and the consequences resulting therefrom.

Liability Release/Indemnification: THIS IS A RELEASE OF LIABILITY. Participant understands that the SOMA assumes no responsibility for injuries or illnesses that the Participant may sustain because of (a) Participant's own physical condition, (b) from Participant's participation in an activity, (c) from another participant’s or third person’s actions, or (d) from Participant’s use of the facilities and/or equipment in connection with SOMA activities. The Participant and Legal Guardian releases and agrees to hold SOMA, its officers, and volunteers harmless from and against all claims for personal injury (including loss of life) and all other losses or damages that the Participant may suffer as a result of his/her participation in SOMA activities.

Assumption of Risk: The Legal Guardian and Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death.

Health Care and Emergencies: Legal Guardian grants permission to SOMA to take Participant to a licensed physician for medical treatment, emergency surgery or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires immediate medication, treatment or attention and/or SOMA is unable to contact the emergency contact listed for the Participant. SOMA does not accept responsibility or liability for providing health care services or health care insurance for the Participant. The Participant should consult with their own medical care provider and warrant their physical fitness to participate in the Program. Legal Guardian agrees to be responsible for the payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to the Participant. Further, the Legal Guardian agrees to indemnify and hold SOMA harmless from any claim that may be made by a doctor or medical facility of said fees and charges incurred in the provision of medical care to the Participant. The Legal Guardian and Participant are required to provide the name(s) and contact number(s) for a guardian or other party that is a reliable contact in the event of emergencies.

Conduct: The Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. The Participant also agrees to follow posted signs as well as instructions and directions of SOMA, its agents, officers, employees, and volunteers. The Legal Guardian and Participant acknowledge that the Participant may be dismissed from camp for violations of laws and/or rules.

This agreement shall be interpreted under the laws of the State of Ohio.

Parent/Guardian Acknowledgement: I, _____, THE LEGAL GUARDIAN OF _____ , ON BEHALF OF MYSELF AND THE PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND, RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE THE RISKS ASSOCIATED WITH THE PROGRAM, WHICH COULD INCLUDE SIGNIFICANT INJURY OR DEATH, VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND AUTHORIZE MY CHILD TO PARTICIPATE IN THE PROGRAM. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

Guardian Signature: _____ Date: _____

Printed Name: _____

Please Fill Out and Sign this form and return it to: swomusicacademy@gmail.com

Southwest Ohio Music Academy
Emergency Contact Form

Participant Name: _____

This form is intended to authorize communication with individuals regarding the participant's medical condition and to seek the provision of emergency treatment for participants who become ill or injured while participating in camp.

Primary Guardian with legal custody to be contacted in case of illness or injury:

Name: _____

Relationship to Participant: _____

Preferred Phone: _____

Additional Guardian or Emergency Contact:

Name: _____

Relationship to Participant: _____

Preferred Phone: _____

Please Fill Out and Sign this form and return it to: swomusicacademy@gmail.com

Southwest Ohio Music Academy
Media Release Form

I _____ hereby **AUTHORIZE Southwest Ohio Music Academy ("SOMA")** to take and use my photo and/or media information related to my experiences with **SOMA.**

I understand this information may be used in publications, including electronic publications, audiovisual presentations, advertising, media, and/or other similar ways.

My consent is freely given as a public service without expecting payment. I release **SOMA**, their officers and volunteers from all liability which may arise from the use of news media stories, promotional materials, written articles, videos, and/or photographs.

- When media from my experiences with **SOMA** are used, I prefer that (check one):

_____ My complete name be used.

_____ My first name only be used.

_____ No name be used.

I _____ hereby **DO NOT AUTHORIZE Southwest Ohio Music Academy ("SOMA")** to take and use my photo and/or media information related to my experiences with **SOMA.**

_____
Printed Name

_____
Signature

_____
Guardians Signature if representing a minor.

_____
Date

Please Fill Out and Sign this form and return it to:
swomusicacademy@gmail.com