

**Consent and Release Agreement  
(Visual/Audio)**

I, \_\_\_\_\_, (“Releasor” herein) being of legal age and parent/guardian of \_\_\_\_\_, (“Camper”) hereby agree and consent to permit the Board of Trustees of Eastern Illinois University (“University”), through its employees, agents, and/or contractors to obtain and use the camper’s image or voice in any medium (tape, film, video, electronic, etc.) on the topic(s) of: Eastern Music Camp (the “Production”).

I grant the Board of Trustees and Eastern Illinois University, and those acting under its permission and authority, the right and permission to disclose the camper’s identity and to reproduce in whole or in part, in every manner or form, and circulate, distribute, show, play, or otherwise display videotapes, films, photographs, and transparencies of the camper and/or recordings of the camper’s voice for educational purposes arising out of his/her voluntary participation in the Production of Eastern Music Camp during the week of July 14, 2019-July 20, 2019.

I enter into this Agreement of my own free will, with no requirement to do so, with the sole consideration being the University permitting the camper to appear in the Production, and I understand there will be no payment or other compensation. I hereby waive for the camper, myself, my assigns, heirs, next of kin, and personal representatives any claim to any rights or benefits derived directly or indirectly from the camper’s appearance in the Production and any claim for damage to the camper’s person, property, or reputation, or for invasion of privacy. I hereby assign and transfer to the University, its successors and assigns, any title, right, interest, ownership, and all subsidiary rights that the camper may have in and to the videotape described above, including but not limited to the right to procure copyright therein in the name of the Production and the right to secure any renewals, reissues, and extensions of any such copyright in the United States or any foreign country. I affirm that to the best of my knowledge any material furnished and used by the camper in the presentation is the camper’s own original material or materials which he/she has full authority to use for such purposes. The University shall have the right to revise and/or edit the videotape.

I hereby attest and certify that the camper is in excellent health and does not have any physical defects or post-medical history that would in any way affect his/her participation in the making of the Production. Any risks and hazards inherent in the camper’s participation in the making of the Production have been fully explained to me and I hereby elect voluntarily to allow the camper to participate in the making of the Production. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY THE CAMPER, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY THE CAMPER AS A RESULT OF HIS/HER PARTICIPATION IN THE MAKING OF THE PRODUCTION.

I release, waive, and discharge, for the camper, myself, my assigns, heirs, next of kin, and personal representatives, any and all claims of any kind against the University, and the interviewer/photographer on account of the use of the Production.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Releasor’s Signature

## **Eastern Music Camp Emergency Care Authorization**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do give permission to Eastern Music Camp (EMC) Staff to respond with emergency care in emergency situations, in accordance with their certification. Should an emergency situation arise that is beyond the scope of their training, authorization is given to EMC Staff to utilize Eastern Illinois University's on campus University Health Services, a local urgent care facility, or to contact Emergency Medical Services (EMS) as necessary.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## **Eastern Music Camp Over-the-Counter Medicine Authorization**

I hereby authorize Eastern Music Camp staff to disburse over-the-counter medicines to our son/daughter \_\_\_\_\_, as deemed necessary, with the exceptions as noted on the medical form, for the week of July 14-20, 2019.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Eastern Illinois University  
Office of Conference Services

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

*This is a legally-binding Liability Release, Waiver, Discharge, and Covenant Not to Sue* made by me, \_\_\_\_\_  
(hereinafter referred to as "Participant") to THE BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY (hereinafter referred to as the "University").

Participant, as a visitor of Eastern Illinois University and the Office of Conference Services at Eastern Illinois University, acknowledges that neither the University, nor any of its employees, is responsible for any cost, damage to personal property, loss of property, bodily injury, sickness, or accidental death as a result of participation in or attendance at any conference or activity at Eastern Illinois University, while on University property, including travel to and from the area the activity is conducted. Participant agrees to indemnify and hold harmless the University, its employees, and any persons associated with the Office of Conference Services, and agrees to take full responsibility for all risks and liability associated with this conference or activity.

Participant understands that he/she must be accompanied by a staff chaperone in any residential, dining, athletic, or academic facility on the property of Eastern Illinois University. Participant has discussed all University policies with chaperones and staff involved with group and assumes complete risk of any activity done in violation of any policy or law during the duration of our conference or activity.

By signing below, participant acknowledges that he/she has read and understands the foregoing Waiver of Liability and Hold Harmless Agreement. This waiver must be turned in to the University staff during camp check-in.

\_\_\_\_\_  
Camp or Conference

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Guardian's Printed Name (if participant is under the age of 18)

\_\_\_\_\_  
Guardian's Signature (if participant is under the age of 18)

Date \_\_\_\_\_



EASTERN ILLINOIS UNIVERSITY  
OFFICE OF CONFERENCE SERVICES  
M.L.K. JR. UNIVERSITY UNION  
CHARLESTON, ILLINOIS 61920-3099

**BILLING AUTHORIZATION AND MEDICAL TREATMENT**

CAMP OR CONFERENCE ATTENDING \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MALE/FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_

**RESPONSIBLE BILLING PARTY**

NAME OF PERSON RESPONSIBLE FOR BILLING \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE # ( ) \_\_\_\_\_ EVENING TELEPHONE # ( ) \_\_\_\_\_

EIU Health Service is NOT a participating provider in the Illinois Dept. of Public Aid programs, including the Kid Care Program. Participant/parent or guardian is responsible for all EIU Health Service charges. EIU Health Service is not able to submit insurance claims.

**MEDICAL INFORMATION**

(PLEASE CHECK ANY OF THE FOLLOWING WHICH APPLY NOW)

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes                                   | <input type="checkbox"/> Nervous or Emotional            |
| <input type="checkbox"/> Epilepsy                                   | <input type="checkbox"/> Illness Currently Being Treated |
| <input type="checkbox"/> Heart or Lung Condition                    | <input type="checkbox"/> With Medicine                   |
| <input type="checkbox"/> Physical Handicap                          | Other, please list: _____                                |
| <input type="checkbox"/> Contagious Disease or Recent Exposure      | Date of Last Tetanus Shot _____                          |
| <input type="checkbox"/> Orthopedic Conditions, Injuries, Surgeries |  |
| <input type="checkbox"/> Within The Past Year, Explain: _____       |  |

**ALLERGIES**

1. Do you have any drug allergies: YES/NO List drug allergies \_\_\_\_\_
2. Any environmental allergies? YES/NO List other allergies \_\_\_\_\_
3. List any medication taken for allergies \_\_\_\_\_

Please describe briefly any of the above medical information which have been checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY**

Please Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**UNDER 18 YEARS OF AGE**

I do hereby authorize EIU Health Service to provide medical treatment for the above named person in the event this should become necessary while attending camp/conference at Eastern Illinois University.

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**\*Please read all of the information on the back or second page. The completed form must be presented to EIU Health Services if individual is seen for services.**

## Eastern Illinois University Health Service

### For Camp and Conference Guests

Eastern Illinois University Health Service is available for camp and conference guests during regular operating hours for primary care visits. The Health Service is an ambulatory facility (patients must be able to get to the Health Service for treatment) and does not function as an emergency room.

### Medical Treatment Form:

Participants are required to submit a "Medical Treatment" form with their camp registration information. A copy of this form is provided to the Health Service, in the event that a camp or conference guest needs medical treatment on campus. Additionally, the treatment form is kept with the respective camp organizers. For emergency or "after hours" care, the treatment form would be available to the medical provider by the camp organizer.

### Health Service Charges:

The individual camp and conference fees, paid by participants, do not include provisions for services rendered at Eastern's Health Service. **Charges incurred at the Health Service are the responsibility of the camper or the parent/guardian, if the camper is under the age of 18.** Charges are expected to be paid by the individual at time of treatment. Charges not paid will be added to the final invoice sent to the camp or conference.

### Insurance Processing:

The Health Service is not able to process insurance claims for patients since "on campus" medical services are funded by our student's Health Service fees. For this reason, health care services are billed directly to the camp participant or parent/guardian. Health Service bills are properly coded to enable patients to submit their bills for reimbursement or payment through their primary health care insurance provider, if desirable or possible. Please be aware that not all insurance providers will honor services rendered outside their realm of medical providers. Questions about health insurance coverage, while attending a camp or conference at Eastern, should be directed to the participant's individual insurance providers.

### Services Available at Eastern's Health Service:

Our services include medical treatment, exams, consultations and referrals for specialty care, standard laboratory and x-ray procedures, pharmacy services, over-the-counter medications and medical supplies (such as slings, braces, etc.)

**Office visits:**     **\$20 for RN visit** (Visitors who "walk-in" for care are initially triaged by a RN. It is not always necessary for visitors to be scheduled with a MD for services a RN is capable of providing. A RN may require MD services following an initial triage.  
                          **\$60 for MD visit** (includes RN triage and MD visit)

### Other fees

**For services:**    **Laboratory Tests**                     **\$10-\$100 per test**  
                      **X-ray Services**                     **\$50-\$170 per exam plus \$15 radiology charge**  
                      **Pharmacy Services**               **Cost of Rx + \$2, starting at \$10, if available** (Pharmacy medications may be filled by the Health Service pharmacy or a local retail pharmacy off campus. The Health Service pharmacy does not accept Medicaid, insurance or charge cards. Payment for pharmacy medications must be made in cash upon receipt of the prescription.)

All Health Service fees are subject to change. The above prices are to be used as a guide.

<b>Summer Hours:</b>	<b>8:00am – 4:00 pm</b>	<b>8:00am-12:00pm</b>	<b>After Hours and Emergency Care:</b> <b>Sarah Bush Lincoln Health Care System</b> Emergency Room (Local Hospital) is available 24 hours through the provisions of the patient's individual medical insurance plan. 217-348-2551
	<b>Monday-Thursday</b> <b>217-581-3013</b>	<b>Friday</b>	

### In Case of Emergency Contact EIU Staff 24-hours a day.

If you should need to contact a guest while they are staying at EIU, please call the number for the building they are staying in and a member of our staff will assist you.

Thomas Hall	217-581-3079	University Police Department	217-581-3213
Andrews Hall	217-581-3759	Conference Service Office	217-581-7482
Lawson Hall	217-581-5131	(M-F 8:30 am – 4:30 pm)	
Taylor Hall	217-581-3333		
Lincoln/Stevenson/Douglas Halls	217-581-5551		
McKinney/Ford/Weller Halls	217-581-2878		