

2009 Thayer Chamber Music Festival

PARENTAL PERMISSION / RELEASE FORM

Please read and indicate your response:

Yes No *I give permission for my child to attend the 2009 Thayer Chamber Music Festival sponsored by Atlantic Union College Thayer Performing Arts Center during the sessions for which we signed up. I also give permission for my child to engage in regularly scheduled Festival activities. Safety protocols are in place to provide a safe and healthy environment for all participants. However, inherent risks are associated with some activities, and therefore, I assume full liability and hereby release the Chamber Music Festival faculty and staff, as well as Atlantic Union College and its employees and agents, of any and all liabilities which may arise from my child's involvement in festival activities which may result in bodily injury or even death. I acknowledge that there are risks including, but not limited to, injury and death arising from participation in sports, failure to follow directions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I knowingly and intelligently assume the risks which could cause bodily harm or possibly death to my child.*

Yes No *I do support and agree to abide by all Festival regulations and policies and to uphold the objectives of the Festival. I understand that it is my responsibility to see that my child is prepared for all activities and in good health each day of the session.*

Yes No *Additionally, to provide for the safety of all participants, faculty and staff, and to provide an environment free from distraction, we hereby certify that our child will not bring any fireworks, matches or lighters, items of incendiary nature, explosives, gunpowder, firearms, ammunition, knives, or weapons of any kind (including toy weapons) to the Festival. In addition, our child will not bring any alcoholic beverages, tobacco products, illicit drugs, any other illegal substance, or inappropriate reading materials. Atlantic Union College is not responsible for the loss of instruments or personal belongings.*

Yes No *I give permission for my child or myself to be photographed, filmed, interviewed and have work samples published in print and/or on the internet for the Chamber Music Festival or Atlantic Union College promotional purposes.*

Name of participant (Please print) _____

Signature of participant _____

Name of parent/guardian, if participant is under 18 (Please print) _____

Signature of parent/guardian _____

Date _____

Personal & Emergency Contact Information

1. Parent/Guardian Name _____ Home Phone _____

Home Address _____ Cell Phone _____

Work Address _____ Work Phone _____

2. Parent/Guardian Name _____ Home Phone _____

Home Address _____ Cell Phone _____

Work Address _____ Work Phone _____

3. Emergency contact _____ Home Ph _____ Cell Ph _____

Allergies, Health History, Insurance

Name of participant _____ M F Birth Date _____ Age _____

List all allergies _____

Operations or serious injuries including dates _____

Disability or chronic or recurring illnesses _____

List any specific activities to be encouraged or limited by physician's advice _____

List any dietary modifications _____

List any current medications _____

(All medicines, including herbals, must be brought to Festival in original bottle/packaging with camper's name, dosage, frequency, etc.)

Name of family physician _____ Telephone Number _____

Name of family medical insurance / hospital insurance _____

Carrier _____ Policy # _____ Group # _____

Consent to Medical Treatment & Authorization to Release Information

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Festival activities except as noted.

I, _____, the undersigned parent/guardian of _____, a minor, do hereby
Parent/Guardian Printed Name Festival Participant's Full Printed Name

consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said

minor under the general or special instructions of _____
Printed Name of Participant's Physician Physician's Telephone Number

or any physician the College may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or on the college campus. It is understood in the case of a major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by the College. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Atlantic Union College or the physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent/legal guardian from the care of Atlantic Union College. We hereby authorize any hospital or physician, or any other person who attended to or examined said minor to furnish Atlantic Union College's insurance company or its representative any and all information with respect to any illness, medical history or consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this shall be considered as effective and valid as the original.

Signature of parent/guardian
(or adult participant/faculty/staff member) _____ **Date** _____

Witness _____ **Date** _____

I also understand and agree to abide with the restrictions placed on my Festival activities.

Minor's Signature _____

A photocopy of this authorization shall be considered as effective and valid as the original.