



MASTERWORKS CHILDREN'S CHORUS & YOUTH CHORALE 2021-2022
Emergency Information and Release Form

Participant's Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ School: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Health Insurance Provider: _____ Phone: _____
Name of covered member: _____ Group # _____ ID # _____
Physician: _____ Phone _____
Allergies or adverse reactions to medications or food: _____
Medications: _____
Recent surgery/serious illness: _____
Special Conditions: _____
Date of last Tetanus shot: _____

I/We hereby give my/our consent, as the parent(s)/guardian(s) of the participant named above, for his/her involvement in the Masterworks Children's Chorus and Youth Chorale for the 2021-2022 season. I/we understand that this includes, but is not limited to, rehearsals, concerts, and musical performances.

With the understanding that all possible caution will be taken by those persons in charge to prevent injuries, I/we release the staff, volunteers, and Masterworks Chorale, Inc. from any and all liability arising from participation in these activities.

In the event that I/we cannot be reached, I/we hereby authorize an adult representative of Masterworks Chorale, Inc. to seek and consent to any emergency medical treatment for the above named participant, which may be deemed necessary, including permission to transport the participant to a hospital emergency room. I/We wish to be advised prior to any further treatment by the hospital or medical professional. It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the participant due to any illness or injury sustained during the above described activities. I/We further understand and agree that I/we assume full responsibility for any loss or damage to property, or for bodily injury to others, caused by the above named participant, whether by accident or intent. I/We also understand that if the behavior of this participant becomes inappropriate, I/we will be responsible for immediate transportation home.

I/We have read the above form; i/we fully understand and consent to its terms.

Parent/Guardian Name(s) printed - _____

Parent/Guardian Signature(s) _____

Date: _____

Home Phone with area code: _____

Cell Phone with area code: _____

E-mail address: _____