

**MASTERWORKS CHILDREN'S CHORUS
SUMMER MUSIC CAMP 2024
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 # _____

Family Physician: _____ Phone _____

Allergies or adverse reactions to medications or food: _____

Medications: _____

Special conditions: _____

Immunizations up-to-date: _____ Yes _____ No 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 programs for the 2023-2024 season. I/We understand that this includes, but is not limited to, music camps, 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: _____

PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION. THANK YOU!

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