

Parent/Legal Guardian Permission Slip & Waiver of Liability

PARTICIPANT INFORMATION:

Student Name(s): _____

Age(s): _____

Parent/Guardian name(s) (please print): _____

Home phone #: _____ Cell Phone #: _____

Street Address: _____ City/State/Zip: _____

Teacher's Name: _____

DESCRIPTION OF EVENT:

- Event: Kitsap Music Teachers Association 2019 Kitsap Young Musicians Festival
- Date: Saturday, November 16, 2019
- Location: St. Antony of Egypt Episcopal Church
11885 Old Frontier Road NW, Silverdale

PARENTAL AUTHORIZATION:

I hereby consent to participation by _____, my son/daughter/individual under my guardianship as a participant in the Kitsap Music Teachers Association 2019 Kitsap Young Musicians Festival, held on Saturday, November 16, 2019 at St. Antony of Egypt Episcopal Church, an unchaperoned event.

I understand that such an undertaking involves an element of risk. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND DO HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE KITSAP MUSIC TEACHERS ASSOCIATION AND THE WASHINGTON STATE MUSIC TEACHERS ASSOCIATION, ITS MEMBERS, REPRESENTATIVES, OFFICERS, AGENTS, EMPLOYEES, DIRECTORS, AND EACH OF THEM, FOR ANY AND ALL PAST, PRESENT OR FUTURE LOSS TO PROPERTY, AND/OR BODILY INJURY RESULTING FROM ANY ACTIVITIES ENGAGED. I also give consent for emergency medical treatment for participant. I do request that, if possible, I be contacted prior to treatment. I am responsible for payment of all fees incurred for medical treatment for participant. As parent/legal guardian, I remain fully responsible for all acts or omissions of the participant.

I ___do ___do not give permission for photographs and/or video of the participant to be used for promotional or other purposes. (Names of students will not be used.)

Parent's/Guardian's Signature: _____ Date: _____

Alternate Emergency Contact: _____

Emergency Contact Telephone Number(s) _____

Allergies or Medical Concerns: _____