



Consent Form

PLEASE READ CAREFULLY BEFORE SIGNING

PARTICIPANT INFORMATION	
Name of Participant: _____	Birthdate: _____
Name and date(s) of camp: _____	

EMERGENCY CONTACT INFORMATION
Emergency Contact: _____
Phone: (home): _____ (work) _____
(cell) _____
Relationship to Participant: _____
List any medications, medical conditions and/or allergies: _____

PHOTO RELEASE
Mozart may occasionally take pictures of its camp participants for use in promotional/ advertisement materials or publications (brochures, websites, newspaper ads, etc.). By ticking the line below, you agree to allow Mozart to reproduce the likeness of your child in such promotional/advertisement materials and publications. __ Yes, I agree.

SIGN-OUT POLICY
All participants under the age of 14 years must be signed out of camp at the end of the camp day by someone authorized by you. Please provide the names of the people authorized to sign your child out of camp: _____

If your child is 14 years of age or older, you may give him/her permission to sign himself/herself out of camp by ticking the line below.

Yes, my child is 14 years of age or older, and has permission to sign himself/herself out of camp.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, WAIVER AND RELEASE

- I hereby grant _____ (child's name) permission to participate in Mozart's Camps. I am aware that there is some risk of injury involved in my child's participation in activities at the camp and I assume all risks and hazards of, and incidental to, the participation of my child in the activities of the camp.
- I also give permission for camp staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.
- I waive and release all right of claim for damages of any sort or any other claim or remedy of any sort that I or my child may have against the Mozart School of Music Vancouver in connection with my child's participation in the camp.

INSTRUMENT USE AGREEMENT

For all students registering for Violin Camps and Mozart Pop Camps

- I, _____, the child's parent/legal guardian, acknowledge that I will be responsible for any damages and/or any missing accessories of the instrument(s) caused by my child during the music camp, and agree to fully cover the expenses for any repairs and/or replacement of the instrument(s)/accessories.
- I understand that my credit card information will be required to hold should any damage and/or any missing accessories of the instruments occur while participating in the music camps.
- I agree to provide my credit card information before the first day of the camp. Please sign to give consent to this policy:

Signature of Parent/ Legal Guardian: _____

Relationship to Participant: _____ Date: _____

Please mail or e-mail this form to the Mozart office before the first day of camp.