



## 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

Mastery 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 Mastery 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 12 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 12 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 12 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 Mastery's Camps. I assume all risks and hazards of, and incidental to, the participation of my child in the activities of the camp.

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 Mastery School of Music in connection with my child's participation in 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.

Signature of Parent/ Legal Guardian: \_\_\_\_\_

Printed Name of Parent/ Legal Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_\_



### INSTURUMENT USE AGREEMENT

For all students registering for Violin Camps and Mastery 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 email or give this form to Mastery on the 1st day of the camp before the student commences any classes

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