

**MUN School of Music**  
**Brass Day – Emergency Information**

*To be completed by guardians of in-person participants under the age of 18.*

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**PART 1: PARTICIPANT INFORMATION**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Age: \_\_\_\_\_  
MCP #: \_\_\_\_\_ MCP expiry date: \_\_\_\_\_

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**PART 2: GUARDIAN INFORMATION**

Guardian name: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_ Additional phone number: \_\_\_\_\_  
Additional guardian name: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_ Additional phone number: \_\_\_\_\_

Does your child have any physical, medical, or behavioral conditions that the School of Music, the instructors, and supervisors should be aware of? If yes, please explain:

Is your child bringing with them any medications that the School of Music, the instructors, and supervisors should be aware of? If yes, please explain:

**EMERGENCY AUTHORIZATION**

In the event that I or any of the emergency contacts cannot be reached, I hereby consent and give my permission to Memorial University of Newfoundland and/or the School of Music and the medical personnel selected by them to render such emergency medical diagnosis and treatment to my Child while attending the festival as is deemed necessary. Such authorization for emergency treatment shall also include, but is not be limited to, costs incurred for the provision of such aid and treatment that is medically necessary. I understand and acknowledge that these costs are my responsibility and I will assume financial responsibility for the cost of any specialized means and necessary medical care.

**WAIVER**

I understand that the University assumes no responsibility for personal injury or loss or damage to my Child's personal property. I agree to release and waive liability for all claims that I or my Child may have, or may in the future have, against Memorial University of Newfoundland and/or the School of Music, or any person(s), entities or organization(s) associated in any way with the festival, from any and all liability for any loss, damage, injury or expense that my Child may have suffered as a result of his/her participation or presence at the festival, due to any cause whatsoever. I declare that I, by submitting this form electronically, am legally authorized to submit this Consent/Waiver Form and hereby give my full consent for my Child to participate in the activities and conditions cited above, I have read, understood and agree to the contents of this CONSENT/WAIVER FORM in its entirety and by electronically submitting it freely and voluntarily without any inducement.

I understand and consent to the above information concerning the Emergency Authorization and Waiver.