

MEMORIAL UNIVERSITY OF NEWFOUNDLAND TRUMPET FEST
CONSENT, WAIVER AND EMERGENCY INFORMATION FORM - MUST BE COMPLETED FOR ALL
APPLICANTS UNDER AGE 18

Student Name:

Grade in School

School

Band Director/Teacher

Parents/Guardians

Name

Work Phone

Home Phone

Cell Phone

Name

Work Phone

Home Phone

Cell Phone

Emergency and Medical Information

Student MCP Number

Expiry Date

Physician

Phone Number

1st Emergency Contact

Name

Relationship to student

Daytime Phone

Evening Phone

2nd Emergency Contact

Name

Relationship to student

Daytime Phone

Evening Phone

Does your child have any physical or medical conditions (including behavioral) or taking any medication which might impact or create a hazard while participating in Trumpet Fest which the institution, the instructors or supervisors of the camp should be aware? If yes, please explain:

I give permission for Trumpet Fest Staff to give my child the following medications, if needed.

Tylenol

Advil

Cough Drops

Sudafed

Benadryl

Other (see below)

If you checked "Other", please provide name of medications not listed above that may be administered, including any prescription medication such as asthma or allergy medication. Prescription medication must be in original packaging which includes dosage.

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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.

Photo/Image Release/Consent

Recordings or photographs of my Child's image and statements may be made during Trumpet Fest. I hereby grant Memorial University of Newfoundland and/or the School of Music, or any person(s), entities or organization(s) associated in any way with the Memorial University of Newfoundland and/or the School of Music, the right to use all or a portion of the images and statements in all forms of media including advertising and related promotion throughout the world and in perpetuity.

Declaration

I declare that I, the undersigned, am legally authorized to sign 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 I sign it freely and voluntarily without any inducement.

Signature of Parents/Guardians

Date

Witness Signature

Date

The information collected on this form by the School of Music Trumpet Fest is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is used for the purposes of program administration and in emergency situations. Questions about this collection and use of personal information may be directed to the School of Music at 709-864-7486.