



Student Permission Form and Waiver of Liability/Assumption of Risk

I hereby acknowledge that I am the¹ lawful parent or legal guardian of

(student name)

From July 23rd through August 12, 2018 Classical Tahoe will be hosting a variety of Student Educational and Work Experience Opportunities.

Please check all that apply to this Student:

____ Student Musician Usher Program

____ Student Musician Jazz Workshop Week with Brubeck Master Class

____ Student Musician Daily Master Class

Events will be held at various venues in Incline Village, Nevada including but not limited to the SNC Campus and Incline High School.

Transportation to events is the responsibility of the Student and their parent/guardian.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend Classical Tahoe and its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward during participation in the Classical Tahoe 2018 Season Education Events.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward, and if asked I will agree to pick up my child from any Classical Tahoe event.

_____ Parent/Guardian Initials and Date

Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission to Classical Tahoe & Cymbal Foundation to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Classical Tahoe and Cymbal Foundation website.

Grant permission to use my child's image

Student Full Legal

Name _____

_____ Parent/Guardian
Initials

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize Classical Tahoe, or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize Classical Tahoe or any of its employees, agents, representatives, instructors, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student.

I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

Student Full Legal Name _____

Address: _____

Name of School _____

Date of Birth: _____ Gender: ___ Female ___
Male

Medical Treatment Information for Medical Treatment

Allergies to Medications:	
Allergies (Other):	
Conditions for which the child is currently receiving treatment and/or any other Significant Medical Information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in these activities.

_____ Date

_____ Parent/Guardian Name
(Please Print)

_____ Parent/Guardian
Signature