

Endless Mountain Music Festival  
"Classical Music is Just the Beginning"

**"EMMF" CHILD WAIVER FORM**

In order for your child to participate in EMMF, July 25 – August 14, 2011,  
you must sign and return this release form with your deposit payment.

NAME OF CHILD \_\_\_\_\_ GENDER ( ) Male ( ) Female

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED: \_\_\_\_\_

PHONE NUMBER OF SECONDARY CONTACT: \_\_\_\_\_

MEDICAL ALLERGIES: \_\_\_\_\_

OTHER MEDICAL PROBLEMS \_\_\_\_\_

FAMILY PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

INSURANCE COMPANY PHONE NUMBER \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_

I, \_\_\_\_\_, Parent or Legal Guardian of \_\_\_\_\_ (hereinafter "Minor"), grant permission for Minor to participate in the activities of *EMMF* and agree that he/she will abide by all the rules and regulations of *EMMF and Mansfield University* and its designated officers, employees and agents. In the event that I or my secondary contact cannot be reached to make arrangements for emergency medical attention, I authorize *EMMF* or person in charge to act on my behalf, and I give my consent for any and all treatment for Minor when Minor is in this individual's care. Parent/Guardian expressly and explicitly releases any and all claims as a result of Minor's participation in *EMMF*, including claims for medical expenses that Parent/Guardian may incur for treatment for injuries sustained by Minor. Parent/Guardian assures *EMMF* and Mansfield University that he or she has adequate health insurance necessary to provide for and pay any medical costs that directly or indirectly results from Minor's participation in *EMMF*. Parents also agree to indemnify and hold harmless *EMMF* and Mansfield University, its agents, representatives and employees, the State System of Higher Education and the Commonwealth of Pennsylvania from any and all claims for any loss or damage incurred as a result of Minor's participation in *EMMF*.

By my signature below, Parent/Guardian intends to be legally bound and certifies that he or she completely understands this document.

Signature

\_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian