



Intensive Chamber Music Seminar

PERMISSION FORM, STUDENT CONTRACT, MEDICAL AND
MEDIA RELEASES

BLACKSBURG, VIRGINIA ■ JUNE 13-23, 2018

PLEASE RETURN COMPLETED SHEET BY JUNE 4, 2018

(Student) _____ has my permission to participate in the Intensive Chamber Music Seminar on June 13-23, 2018. I acknowledge that this includes coaching, rehearsals, and admission to all 2018 Chamber Music Seminar performances. Virginia Tech staff will attempt to contact you as soon as reasonably possible in the event of a medical emergency involving your child. I understand that my child or I will be responsible for administering any needed medication. If I cannot be reached, I give my consent for medical treatment. I hereby agree to hold harmless and release Virginia Tech, the Commonwealth of Virginia, their agents and employees from any and all claims related to this program, including but not limited to any injuries, illnesses or other circumstances needing medical attention which may be sustained by my child.

I have read, understand and have discussed with my child that the Intensive Chamber Music Seminar participants:

1. Will provide one chaperone over 21 years of age to accompany me at all times.
2. Will respect the authority of the Intensive Chamber Music Seminar leaders and staff.
3. Will participate in all coaching and rehearsal activities of which I am physically able.
4. Will, as a participant, adhere to the laws of the Commonwealth of Virginia and applicable university policies.
5. Will be dismissed from the program if the leaders of Intensive Chamber Music Seminar determine that participant's behavior creates an unsafe or inappropriate learning environment for participant, other students, or the Intensive Chamber Music Seminar personnel. If participants are asked to return home early for violation of any of the above rules, it will be at participant's parent's expense.

As a participant in the Intensive Chamber Music Seminar, I also understand that video and photographs will be taken. By signing this form, I give Virginia Tech absolute right and permission to use my child's photograph in promotional materials. I understand that

Invent the Future

the media may be used in a publication, print ad, direct mail piece, electronic media, or other form of promotion.

My parents and I have read this contract and agree to abide by the above rules.

Student's Printed Name _____

Student's Signature _____ Date _____

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____

Emergency Contact :

Name _____

Relation _____

Cell Phone Number _(_____)_____

Please return completed form by **June 4, 2018** to:

Sage Wayrynen
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190 Alumni Mall (0916)
Blacksburg, VA 24061

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