

**CHAMBER MUSIC on the HILL (CMOTH) School Programs  
Parental Agreement, Liability Waiver, and Consent Form**

Student's Name \_\_\_\_\_ Date(s) of Participation \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. I, \_\_\_\_\_ give my permission for my child to participate in outreach activities in and around **Spartanburg** These activities include performances in retirement communities, churches, outdoor venues and others TBD and are an extension of the Chamber Music on the Hill (referred to as CMOTH throughout this document) learning experience. I also understand that there are inherent risks, both known and unknown, involved with such experiential learning activities. These risks are consistent with outdoor learning and include, but not limited to, such environmental risks as insects, animals, weather, water and others. While the CMOTH program and its staff take reasonable measures to mitigate the risks, these risks cannot be completely removed without also removing any and all educational value of the program.

2. I hereby release CMOTH/Chamber Music on the Hill and Converse College, their employees and volunteers from financial responsibility or liability for any sickness, injury or accident that may occur during, or as a result of, this program and its activities.

3. To insure prompt attention in the case of a serious sickness or accident, I hereby authorize the persons responsible to incur expenses considered necessary and I agree to pay for the same, if they are not covered by accident or illness insurance policy. Should the need arise, I give my permission for my child to be taken to a doctor or hospital for medical treatment.

My child is covered by health/accident/illness insurance coverage through the following plan:

Policy # \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

**\*\*Neither CMOTH nor Converse College provide health or accident insurance.**

4. I understand that informational and promotional videos, recordings and photographs are frequently collected and produced to be distributed by CMOTH.

\_\_\_\_\_ I consent to the use of my child's likeness and voice, including all photographs and sound recordings, for informational purposes by the CMOTH or anyone authorized by CMOTH. I acknowledge that CMOTH is the sole owner of all rights to such photographs or sound recordings. I understand that I shall receive no compensation for my appearance and participation in these materials.

\_\_\_\_\_ I do NOT consent to the use of my child's likeness and voice being used by the CMOTH.  
**\*\*If Voice and Likeness Release is not granted, the program director must be notified so that he/she can be sure that no such recordings or photography are taken during your child's visit. Leaving both spaces blank is considered consent.**

**Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parental Agreement, Liability Waiver and Consent Form - continued**

5. The phone number where I may be reached in case of emergency is:

Day: \_\_\_\_\_ or \_\_\_\_\_

Night: \_\_\_\_\_ or \_\_\_\_\_

If I cannot be reached, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

6. Health Record: Please provide the following information for use in identifying limitations on your child's activities, and providing proper health history in the event we have to take your child for medical treatment.

A. Birth date \_\_\_\_\_ Last Tetanus immunization \_\_\_\_\_

B. Must any of the following medical or physical conditions be taken into consideration when your child is thinking about performing physical activities? Please mark "Yes" or "No" in the appropriate column below, then give specific detail in the space provided.

	Limitations Must Be Considered?
	Yes / No
1. Epilepsy, convulsions, loss of consciousness, dizziness, paralysis .....	_____
2. Lung Disease: Asthma, pain in chest or shortness of breath .....	_____
3. Diabetic or Kidney disease .....	_____
4. Arthritis, strained, pulled or weak muscle .....	_____
5. Pregnancy .....	_____
6. Environmental allergies (especially to insects ) .....	_____
7. Impaired vision or hearing .....	_____
8. Allergies to Medicine.....	_____
9. Broken bones, strained/sprained joints .....	_____

If you answered "Yes" in any of the above spaces, please describe in detail any limitations that these conditions might cause while your student is doing various outdoor, physical activities.

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Is your child currently taking medication or under the care of a physician? \_\_\_\_\_ If so, please describe

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