

ROCKON

Parental Permission, Medical Consent, Liability Release 2019

Child's Name _____ Birth date _____ SS # _____

Address _____

I (_____), the undersigned(s), being the lawful parent(s) and/or guardian(s) of the above child (the "child"), hereby consents to the participation by the child in ROCK ON! conducted by Cultural Resources Foundation (the "organizer") and to the participation of the child in all events, classes, rehearsals, recording sessions, and performances, relating to the activities on Week one: July 8 (start date) through July 12, 2019 (end date), and/or Week two: July 15 (start date) through July 19, 2019 (end date). Circle the dates your child will be attending Rock On!

The undersigned hereby further authorize(s) any of the staff, employees, agents, and representatives of the Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident but not limited to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, Performance of operations, diagnostic and other procedures. If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent From, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The undersigned assume(s) all risk of injury or harm to the child associated with the participation in the Activity and agree(s) to release, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and clauses of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the Activity.

Date _____ City/State _____

Signature of Parent/Guardian

Photo and Video Release 2018

We will be taking a lot of photos during the Rock On! Workshop. We would like to be able to use the photos to promote the workshop on our website, posters, brochures, flyers, and in TV and print ads. We will also be videotaping throughout the two weeks and making a project-wide video. Please sign the release form below if we have your permission to use photos and videotaped images of you/your child(ren) to publicize the band workshop.

I hereby agree to release photographs and video taped images of me (my child) to Rock On! Young Musicians Workshop Inc. without compensation. I understand that Rock On! reserves all rights in regard to reproduction of said photographs and video.

Parent/Guardian (print) _____

Signature _____ **Date** _____

Student Conduct Code 2018

Rock On! Young Musicians Workshop Inc. works hard to provide a safe and nurturing environment for faculty and students at Rock On! Any type of physical violence, drugs, alcohol, or intimidation of others is strictly forbidden. Any violations, or behavior deemed unfitting to the band workshop or Berkshire Community College will result in an immediate dismissal without a refund. This conduct code applies to all on and off campus activities including recording sessions, videotaping, and performances.

By signing here I state that I have read, understand, and agree to follow the Rock On! Young Musicians Workshop Inc. Student Conduct policy.

Parent/Guardian (print) _____

Signature _____ **Date** _____