**Parent/Legal Guardian Permission Slip**

**PARTICIPANT INFORMATION:**

Full Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_

Parent/Guardian name(s) (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name:

**DESCRIPTION OF EVENT:**

* **Event**: Kitsap Music Teachers Association 2018 Music Carnival Featuring the Dorothy Woodcock Endowment Sponsored Ribbon Festival and the Washington State Music Teachers Association Music Literacy Program
* **Date**: Saturday, April 28, 2018
* **Time**: 10:00 a.m.-3:00 p.m.
* **Location**: Gateway Fellowship Church, 18901 8th Ave NE, Poulsbo, WA 98370

**PARENTAL AUTHORIZATION:**

**I hereby consent to participation by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my son/daughter/individual under my guardianship, as a participant, volunteer helper, and/or attendee at the Kitsap Music Teachers Association 2017 Music Carnival featuring the Dorothy Woodcock Endowment Sponsored Ribbon Festival and the Washington State Music Teachers Association Music Literacy Program held at Gateway Fellowship Church, Poulsbo, Washington on Saturday, April 28, 2018, an unchaperoned event.**

**I understand that such an undertaking involves an element of risk. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND DO HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE KITSAP MUSIC TEACHERS ASSOCIATION AND THE WASHINGTON STATE MUSIC TEACHERS ASSOCIATION, ITS MEMBERS, REPRESENTATIVES, OFFICERS, AGENTS, EMPLOYEES, DIRECTORS, AND EACH OF THEM, FOR ANY AND ALL PAST, PRESENT OR FUTURE LOSS TO PROPERTY, AND/OR BODILY INJURY RESULTING FROM ANY ACTIVITIES ENGAGED. I also give consent for emergency medical treatment for participant. I do request that, if possible, I be contacted prior to treatment. I am responsible for payment of all fees incurred for medical treatment for participant. As parent/legal guardian, I remain fully responsible for all acts or omissions of the participant.**

**I \_\_\_do \_\_\_do not give permission for photographs and/or video of the participant to be used for promotional or other purposes. (Names of students will not be used.)**

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers for Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Telephone Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to volunteer to be a helper at the Carnival:**

**Student (14 yrs or older) available am pm all day**

**Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am pm all day**