

Cricket Chamber Orchestra Summer Workshop 2016 Participant Waiver

Name _____ Age(if under 18) _____ Parent/Guardian
Name(if under 18) _____
Address _____
Phone _____ / Emergency contact #: _____

As a participant or parent/guardian of _____ I give my permission for _____ to participate in the above workshop. I authorize personnel and volunteers to act for me in any emergency, accident or illness and release the Cricket Chamber Orchestra and the Hamilton Academy of Performing Arts, and its affiliates from any liability or claims when they so act. I assume full responsibility for my actions or the actions of my son, daughter, or ward while participating in this workshop and will respect the grounds and facilities on which they are held. I allow the Cricket Chamber Orchestra to use photographs, as well as video and audio recordings taken during the workshop and/or concert to be used for publicity, media, and social media purposes. The Cricket Chamber Orchestra reserves to the right to change faculty and programming without notice.

Please list any medical/dietary needs workshop personnel should be aware of: _____

Participant or Parent/Guardian Signature _____

Date _____

Please sign and return to:

The Cricket Chamber Orchestra
4258 Longmoor Drive
Burlington, Ontario
L7L 4Z9
Phone: 905-630-3553 or 289-938-2457
<http://cricketchamberorchestra.afmadlib.com/>