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CivilityMUSIC.COM

PARENT AUTHORIZATION AND RELEASE

Must be completed, signed by parent/guardian, notarized and returned with the registration form by the first day of a program.

Student Name: _____

I, _____ (parent/guardian), of _____ (street address),
City of _____, County of _____, State of _____ am the
_____ (father/mother/guardian) of _____ (student's name), a minor
of _____ (street address) City of _____,

County of _____, State of _____, who is enrolled in **CIVILITY MUSIC PROGRAM**. I
desire said child to go on any and all field trips and participate in any and all activities with other children
during the CIVILITY MUSIC Program 2010- 2011. In consideration of said child being permitted to make such trips and
take part in such activities and instruction, I hereby release **CIVILITY MUSIC**, its Directors, teachers, employees,
together with any volunteer carriers of such child without compensation, from any and all liability and responsibility in
connection with such trips and activities, and hereby release all said parties from all liability by reason of any accident or
injury suffered by said child while on said trips or engaged in such activities. I authorize **CIVILITY MUSIC** and its
representative to consent to medical treatment to be administered by such physicians, other medical personnel,
hospitals, and/or clinics as may be selected by **CIVILITY MUSIC**, or its representative. **CIVILITY MUSIC** is not
financially responsible for emergency care or transportation.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

SUBSCRIBED AND SWORN TO before me by said affiant on this day, to certify which witness my hand and seal of office
this _____ day of _____, 20_____.

My commission expires: _____

Notary Public in and for the City/County of _____, Maryland.

{SEAL}

NOTE TO PARENTS: Consent to Release forms are taken by instructors and/or volunteers to all school activities off
campus. Past experience indicates that the following information is most helpful when responding to medical
emergencies and seeking immediate treatment in emergency rooms.

Preferred local Physician: _____ Office Phone: _____

If it is necessary to transport your child to a local emergency room or trauma center, please list the hospital of choice:

Hospital: _____

Name of family insurance or health plan: _____

Group or policy number if known: _____

Medical Conditions/Allergies: _____

Permission to administer Tylenol, Advil, Sudafed, Benadryl _____ Yes _____ No

Permission to use photos taken during classes or activities for publicity purposes _____ Yes _____ No