PARENTAL PERMISSION and MEDICAL CONSENT with LIABILITY RELEASE

Student Name:_____
Address:_____
Emergency Contact Name:_____
Birthdate:_____Allergies:_____
Phone:_____

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 all lessons, performances, rehearsals, activities, events, and/or classes conducted by Hudson Montessori School Conservatory of Music (hereinafter "Organizer").

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of 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 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 exam, performance of operations diagnostic and other procedures.

If there is no medical emergency, the Organizer 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 Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk injury or harm to the Child associated with participation in the activities, events, and/or classes and agree(s) to releases, 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 causes of action (collectively the "Claims") in respect to 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 activities, events, and/or classes.
This Consent Form may be revoked at any time with written notice to Organizer.

Signed on_____(date), at_____(city),_____(state)
Signature of parent(s)/guardian(s):_____