



## **Waiver and Release for Westchester Suzuki Institute (sponsored by Hudson River School of Music)**

### **Liability Release and Parental Consent Form**

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Westchester Suzuki institute and Hudson River School of Music, its officials, officers, employees, volunteers and agents for liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve some risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

### **Parental Consent**

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Hudson River School of Music will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### **Westchester Suzuki Institute Medical Information**

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_ Female\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 25, 2022) \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

***Parent/Guardian #1***

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

***Parent/Guardian #2***

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to child \_\_\_\_\_

***Emergency Contact #2***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information Insurance Information**

Policy Number \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_