



Close Harmony Festival – TB Edition

\_\_\_\_\_ has my permission to participate in the Close  
(Participant's Name)

Harmony Festival on Saturday, February 9, 2019 and I hereby authorize the festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency. I hereby grant permission to use my child's likeness in a photograph/video in any and all of its entities and publications, including web-site entries, without payment or any other consideration concerning this event.

\_\_\_\_\_  
Parent or Guardian (please print clearly)

(\_\_\_\_)\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

The participant will be traveling to and from the event with (check one):

( ) Parent or Guardian \_\_\_\_\_  
Parent or Guardian Signature

( ) Choral Music Teacher \_\_\_\_\_  
Signature (choral music teacher or other school-authorized personnel)

( ) Other Adult Supervision \_\_\_\_\_  
Signature (responsible adult driver)

( ) Student is authorized to drive to drive by himself \_\_\_\_\_  
Parent or Guardian Signature

Special Medical Information (optional) – If you need to make us aware of any special medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_