

**Houston Summer Harp Festival
Medical/Liability Release**

Harp Journeys

Kimberly DeRosa, artistic director (713) 962-6923

Sponsored by the School of Music at Houston Baptist University

Name of Child: _____ Birth Date: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Best phone: _____ Other phone: _____

Parents please initial the following:

_____ This form may be used for all events from July 10- 15, 2017

The parent(s) or guardian(s) authorizes faculty or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Houston Summer Harp Festival and Houston Baptist University from any and all claims, demands, actions or cause of action past, present, or future arising out of any damage or injury while participating in the above stated event. The parent(s) or guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts. The parent(s) or guardian(s) understand that they are responsible for the payment of medical expenses.

Medical treatment costs are covered by:

Insurance company: _____ Phone # _____

Policy # _____ Family Physician: _____

Please list any medical conditions, allergies, or special diet needs:

Signature of Parent/Guardian _____ Date _____