

Metro Bass  
Double Bass Workshop 2017  
Health Form

Participant's Full Name:

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Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents' Names (if minor):

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Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Best Number to call in an emergency: \_\_\_\_\_

Other phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Spouse's Name (if applicable):

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Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Emergency Contact (other than parents/spouse):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship of Emergency Contact to Participant: \_\_\_\_\_

Please note: If a medical emergency arises, Metro Bass Workshop staff will call 911 and defer to their management of the situation.

Preferred Hospital: \_\_\_\_\_

Food Allergies (please list reactions):

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Any drug/medicine allergies (please list reactions):

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Any health issues we need to be aware of (ex. asthma, ADHD):

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Metro Bass  
Double Bass Workshop 2017  
Authorization and Release of Liabilities

Emergency Medical Release:

I authorize staff of the Metro Bass Workshop to seek emergency medical care for myself

(if adult participant) or my child \_\_\_\_\_ in the event of a medical emergency and there is not time or they are unable to contact me.

Waiver of Liability:

For Child Participant:

I agree to hold Metro Bass, Youth Orchestra of Central Jersey, Robert Peterson, staff of Metro Bass Workshop or any associated agencies and persons free from liability and waive any claims for any liability of any sort for damages to the person or property of the aforementioned child arising out of or connected to his/her participation in any activity related to the Metro Bass Workshop. I understand that only I am responsible for my child's personal property/instrument while at the workshop and the staff of Metro Bass Workshop is not responsible for any loss or damage to property.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Adult Participant:

I agree to hold Metro Bass Workshop, Youth Orchestra of Central Jersey, Robert Peterson, staff of Metro Bass Workshop or any associated agencies and persons free from liability and waive any claims for any liability of any sort for damages to myself or arising out of or connected to my participation in any activity related to the Metro Bass Workshop. I understand that only I am responsible for my personal property/instrument while at the workshop and the staff of Metro Bass Workshop is not responsible for any loss or damage to property.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Release

I, \_\_\_\_\_, hereby authorize the use of photographic images of \_\_\_\_\_ for sharing on a compilation collection of photographs to be shared or sold to the participants, and for promotion of future Metro Bass Workshop.

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

Adult Participant Signature: \_\_\_\_\_

Mail with Payment to:

**Metro Bass**

c/o Emily Surany

38 Rock Glenn Road

Havre de Grace, Maryland, 21078-2026