

Atlanta Summer *Stringfest!*

2018 PARTICIPATION AGREEMENT

*This form must be completed and returned to Atlanta Summer Stringfest in order to participate in the program.
One form per participant. A parent or guardian must sign this form if participant has not attained eighteen (18) years of age.*

The parties to this agreement are the participant, Lilburn Music, LLC d/b/a Atlanta Summer Stringfest (the "services provider") and Redeemer Orthodox Presbyterian Church (the "location/venue of activity").

Participant Information

Name: _____ DOB: _____ / _____ / _____

Activity Information

Description of activity: Instruction in string instrument playing and orchestra playing, with the opportunity to play/perform in orchestra concerts.
Location/venue of activity: 3930 Chamblee-Tucker Road, Atlanta, GA 30340
Date(s) of activity: June 25-28, 2018

Restrictions

(To be completed by parent/guardian)

The undersigned parent/guardian does hereby give permission for my child/ward to attend and participate in the activities listed above offered by services provider:

with no restrictions.

with the following restrictions: _____

Participation Agreement

Undersigned (if 18 years of age or older) or parent/guardian for his/her child (if participant has not attained 18 years of age) acknowledges and assumes the risks and dangers of physical injury associated with participation in the activity described above. Authorization and permission is given to service provider to furnish any necessary transportation, food and lodging for this participant. Should it be necessary for participant to return home due to medical reasons or otherwise, the undersigned shall be responsible for providing transportation for participant. The undersigned does also hereby give permission for participant to ride in the vehicle designated by the adult in whose care the participant has been entrusted during, and while participating in, activities offered by service provider.

Undersigned acknowledges understanding of all policies of Atlanta Summer Stringfest (found at AtlantaSummerStringfest.com and e-mailed to participants) and agrees to abide by said policies, including payment and behavior policies.

Undersigned consents to services provider photographing, videotaping or recording without compensation participant's image, voice, likeness and/or the playing/performance of any musical instrument in connection with the described activity, and for the use of same in any printed or electronic publication(s)of, or in any website created by or for, services provider for its sole benefit; provided, however, that participant will not be identified by name.

Any claim, controversy or dispute between the parties arising from or relating to this Participation Agreement or the activity herein described shall be settled by mediation and, if mediation is unsuccessful, by arbitration in accordance with the WMA Rules of Procedure for Dispute Resolution (the complete text of which is available at WMApeace.com). Undersigned agrees that these methods shall be the sole remedy for any controversy, claim or dispute arising out of or relating to this Participation Agreement or the activity herein described, and expressly waives his/her right to file a lawsuit in any civil court for such controversy, claim or dispute, except to enforce an arbitration decision. For the purpose of this Participation Agreement the parties agree to be bound by the Federal Arbitration Act (9 USC §§ 1-16).

Parent/Guardian Signature (if participant is a minor) / Date

Participant Signature (if 18 years of age or older) / Date

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2018 HEALTH QUESTIONNAIRE AND MEDICAL CONSENT

One form for each participant. Please attach a copy of the front and back of any applicable **Medical Insurance Card** to this form.

Participant's Full Name: _____ SSN: _____ DOB: _____

Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____
(Day) (Evening) (Cell) (Email)

Name: _____ Relationship: _____

Phone: _____
(Day) (Evening) (Cell) (Email)

Participant Health Information

1. Please list any medical conditions, including allergies, of which a medical care provider should be aware: _____

2. Please list any prescribed medication taken on a regular basis: _____

3. Please list any dietary restrictions or food allergies: _____

4. Please list any other medical information that you believe is important: _____

5. Name of Doctor _____ Phone _____

6. Date of Participant's most recent tetanus shot: _____

Insurance Information

Insurance Provider: _____ Policy/Group #: _____
(Please indicate if no insurance.)

Consent for Medical Treatment

To Whom It May Concern: Undersigned (if 18 years of age or older) or parent/guardian for his/her child (if participant has not attained 18 years of age) authorizes Lilburn Music, LLC to consent to necessary medical treatment to be rendered to me/my child under general or special supervision, and on the advice of any physician or dentist licensed under the provisions of the Georgia Medical Practice Act, or its equivalent, and the medical staff of a licensed hospital, whether treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable for and agrees to pay all costs and expenses incurred in connection with such medical or dental services rendered to participant pursuant to this authorization. Undersigned agrees that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed consent on file.

_____/_____
Parent/Guardian Signature (if participant is a minor) Date Participant Signature (if 18 years of age or older) Date

Parent/Guardian Name (Printed)