



Close Harmony Festival – SATB Edition

_____ has my permission to participate in the Close
(Participant’s Name)

Harmony Festival on Saturday, February 15, 2025 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:

