EMAIL Completed, signed PDF REGISTRATION TO: director@mslmorchestra.com OR
Mailing Address: Musique Sur La Mer Orchestras, 404 Purdue Circle, Seal Beach, CA. 90740

REGISTRATION PLEASE PRINT CLEARLY

Concert Season Year: 20__ - 20___ Instrument_____

Referred by:

___Returning Member
___School Teacher _____
___Private Instructor_____
___Social Media/Internet _____
___Member of MSLM Youth Orchestra Programs_____
___Try Musique Day Participant - Date_____
___Other_____

MUSICIAN _____ Birthdate _____/_____/_____
Preferred Email Address _____
Home Address_____
City_____ Zip Code_____
Cellphone (_____)_____ Text _____YES _____NO
Other Phone (_____)_____

Parent/Guardian #1 NAME_____
Email Address: _____
Home Address_____
City_____ Zip_____
Cellphone (_____)_____ Text _____YES _____NO
Other Phone (_____)_____

Parent/Guardian #2 NAME _____
Email Address _____
Home Address_____
City_____ Zip_____
Cellphone (_____)_____ Text _____YES _____NO
Other Phone (_____)_____

School_____
School Music Teacher_____
Email_____
School Music Program Participation_____

Private Instructor Name_____
Email_____ Phone (_____)_____

In case of an emergency, please contact the following person(s) if the parents cannot be reached:

Name	**Relationship**	**City**	**Phone with Area Code**
1.			
2.			
3.			

REGISTRATION MUSIQUE SUR LA MER ORCHESTRAS/ENSEMBLES - 2024-25

AMOUNT	TUITION	ENSEMBLE
_____	$575	MSLM Youth Symphony Orchestra by audition/invitation
_____	$375	MSLM Honors Chamber Orchestra by audition/Invitation
_____	**FREE**	**MSLM Honors Chamber Orchestra If concurrently enrolled for the MSLMYSO**
_____	$375	La Petite Musique Training Orchestra
_____	$275	Musica de la Playa Youth Mariachis
_____	**FREE**	**Musica de la Playa Youth Mariachis if concurrently enrolled in MSLM Orchestras**
_____	**SUBTOTAL**	
$_____	**Optional Tax-deductible Donation to Musique Sur La Mer Orchestras**	
(-$_____)	**Merit Scholarship Award (please include a copy of your award)**	
(-$_____)	**Financial Aid Award (please include a copy of your award)**	
$_____	**TOTAL amount with Registration Check #_____ OR ____Credit Card (ADD 3%)**	

****

CREDIT CARD AUTHORIZATION FORM PRINT CLEARLY - Visa and MasterCard ONLY

Charge my credit card (select): ▫ Visa ▫ MasterCard the amount of $_____ (must incl. 3% fee)

Cardholder Name (exactly as it appears on the credit card

_____

Credit Card Number _____

Expiration Date _____ **CVV (3 digits security code on the back of card)**_____

Address and phone where monthly credit card statements are received associated with this credit card
Address_____
City_____ State_____ZIP _____
Phone (_____)_____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the charges listed above. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions, and I will not chargeback this amount.

Signature:_____**Date**_____/_____/_____
Printed Name: _____

****

X_____INITIAL - I hereby grant permission for my/our child to participate in the Musique Sur La Mer Orchestras program for which I am registering.

Musique Sur La Mer Orchestras, Mark and Marcy Sudock and their designees do not sell, share or disclose personal information with persons or entities not affiliated with them, except with your consent or when we reasonably determine it is necessary to do so in order to comply with law or protect the safety, property or legal rights of it's members or others.

_____
PARENT SIGNATURE DATE

_____
PRINT NAME OF PARENT OR GUARDIAN SIGNING

X_____INITIAL - PARENT/GUARDIAN CONSENT FOR VIDEO/AUDIO CONFERENCING This parental consent notice is provided to inform you that your child/children may be participating in video/audio classes and performances for the purpose of continuing their musical educational instruction and performances. These online music classes are intended for instructional and performance purposes. During video/audio classes, students will be visible/audible to other participants (students and Musique Sur La Mer Orchestras staff) in the class and performance

sessions using technology such as Zoom. It is also possible that others in the participants households may see or hear the participants. These are options that you and your child may choose within Zoom or Google Hangouts/Meet. If you and/or your child do not wish to share their camera and/or their audio capabilities, they may turn them off and simply attend the online lesson as a viewer. For the duration of any video/audio conference, participants are expected to act in a classroom-appropriate manner. Regular class rules and consequences will apply. In the event of inappropriate behavior, a student may be removed from a class. Your signature on this enrollment form signifies your consent for your child to participate as outlined. Thank you in advance for our continued partnership as we work to serve our children and enhance the musical learning community.

X_____INITIAL Online Music Instruction and Performance Parent Consent.

I, (name of parent) _____, do hereby give my consent for my child (name of child) _____, to participate in Musique Sur La Mer Orchestras & Academy of Music online instrumental music program via Zoom or the similar online format plus online virtual concerts. Online virtual concerts will be viewed on social media, as well as on other formats. I understand that, as part of this program, my child will be instructed by a qualified instructor. I also give my permission for my child's photo, video, sound recording, name and creative works in, and for promotion of, Musique Sur La Mer Orchestra & Academy of Music programs.

PHOTO, PRINT, AUDIO, VIDEO & WEBSITE PUBLICITY RELEASE FORM

Musique Sur La Mer Orchestras, youth, community and professional orchestras, ensembles and academy are recognized nationally and internationally for their passion, excellence and musicality, as well as their personal accomplishments. We acknowledge these accomplishments by sharing your wonderful news via press releases, newspapers, magazines, radio/television stations, newsletters, social media, YouTube, Vimeo and on our website.

Online Music Instruction and Performance Consent

I, (name of participant) _____, do hereby give my consent to participate in Musique Sur La Mer Orchestras & Academy of Music online instrumental music program via Zoom or the similar online format plus online virtual concerts. Online virtual concerts will be viewed on social media, as well as on other formats. I understand that, as part of this program, I give my permission for my child's photo and my photo, video, sound recording, name and creative works in, and for promotion of, Musique Sur La Mer Orchestra & Academy of Music programs.

Newsletters/Website/Programs/Photo/Television/Radio/Press/Social Media/Media Releases/Advertisements Agreement

_____**INITIAL** - GRANT permission for my (or my designated child as listed in this release form) and myself personally identifiable information to be used in newsletters. GRANT permission for my (or my designated child as listed in this release form) photograph, audio or video recording to be published on the Musique Sur La Mer Orchestras website and/or YouTube, Vimeo, social media or the equivalent. GRANT permission for my (or my designated child as listed in this release form) photograph and/or name to be published in Musique Sur La Mer music programs. GRANT permission for my (or my designated child as listed in this release form) personally identifiable information to be used in television/newspaper/magazine/all print media/broadcast radio.

I hereby authorize Musique Sur La Mer Orchestras, Shoreline Village and it's designates to record, tape, film, photograph, digitize or otherwise preserve in permanent form my name and/or the name of my child _____ likeness, image, biographical material, voice and/or statements. Photo/Video Release - ALL MUSICIANS. I hereby grant to Musique Sur La Mer Orchestras, its officers, directors, affiliates, agents, employees, representatives, successors and assigns ("Releases"), the irrevocable and unrestricted right to make, copy, use and publish tapes, photographs and videos of me, my minor child, and/or my property, including name, voice and likenesses, or in which either of us or my property may be included, for editorial, promotional, commercial, advertising and any other purpose and in any manner and medium, to alter the same, and to copyright the same. I hereby release each of them from all claims and liability relating to the copying, use or publication of said tapes, photographs and videos. By signing below I acknowledge that I have read and understand the Consent to photo/video release waivers and comply with consent.

I agree that any such recordings may be used and reused in whole or in part for publication, broadcast, multimedia production, internet distribution, promotional purposes and/or educational distribution as deemed fit by Musique Sur La Mer Orchestras, Marcy and Mark Sudock or it's designates, in perpetuity, throughout the world.

I release Musique Sur La Mer Orchestras, Mark and Marcy Sudock and its officers, agents, or designees from any and all claims based on the use of such recordings and agree to hold Musique Sur La Mer Orchestras, Mark and Marcy Sudock harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my statements.

I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release Musique Sur La Mer Orchestras, Mark and Marcy Sudock and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

Musique Sur La Mer Orchestras, Mark and Marcy Sudock and their designees do not sell, share or disclose personal information with persons or entities not affiliated with them, except with your consent or when we reasonably determine it is necessary to do so in order to comply with law or protect the safety, property or legal rights of its members or others.

PRINT Minor's Full Name_____
PRINT Name of Parent or Legal Guardian_____
SIGNATURE of Parent or Legal Guardian_____**Date**_____
Adult Participant full name_____**Signature**_____**Date**_____

MSLM ORCHESTRAS MEMBERSHIP CODE OF CONDUCT - Initial/Sign - Due with Registration

Please read and Sign the following agreement. Please return it with your registration packet. Membership is an honor and is to be treated with all due accord. The following rules lend to being considered a member in good standing. Both a parent and the Musician/Participant must initial each of the following rules indicating your understanding of the rules and agreement to abide by them. Any infraction will be cause for suspension or dismissal without benefit of refund.

Parent Musician/Participant

_____ _____ 1. Agree to receive, download , and print all music sent by MSLMO
_____ _____ 2. Agree to learn the music immediately upon receiving the sheet music
_____ _____ 3. Agree to attend all rehearsals and concerts, unless contagious with an illness
_____ _____ 4. Agree to arrive at least 10 minutes prior to rehearsal time
_____ _____ 5. Agree to pay a $200 fine for a missed concert without a 60 day written notice of absence.
_____ _____ 6. Agree to show respect for the conductor, personal property, fellow musicians
_____ _____ 7. Agree to not gossip
_____ _____ 8. Agree to not wear "gang" attire, including to pants that show undergarments
_____ _____ 9. Agree to wear specified MSLMYO attire for all concerts.
_____ _____ 10. Agree to participate in all fund-raising activities, including Long Beach Gives
_____ _____ 11. Agree to demonstrate exemplary behavior
_____ _____ 12. Agree to not use illegal drugs, alcohol or tobacco products, including vaping - Result of using the aforementioned items will be grounds for immediate dismissal without refund of tuition.
_____ _____ 11. Agree to no bullying or use of demeaning language or actions
_____ _____ 12. Agree to sell a minimum of eight tickets to the gala/season finale
_____ _____ 13. Agree to generate a minimum of $250 annually to MSLMO
_____ _____ 14. Agree to participate in the orchestra/band/or choir program in your school, if one is available
_____ _____ 15. Agree - MSLMYSO musicians agree to participate on concert tours

_____ PARENT INITIAL **MSLM PARENTS ACTION COMMITTEE (PAC)** Parents are required to donate a minimum of 8 hours annually of volunteer help during the concert season (concerts, fundraising) or can opt out with a personal $200 donation.

I have read the aforementioned requirements as a member of MSLMYO programs and agree to abide by its terms.

Parent Signature_____ Date_____

Musician/Participant Signature_____ Date_____

****

Waiver of Liability, Assumption of Risk, Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Musique Sur La Mer Orchestras programs, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Musique Sur La Mer Orchestras, its officers, employees, and agents from liability from any and all claims and damages of any kind (including, without limitation, personal injury, death or property losses), arising from, but not participation in MSLMO Programs.

Assumption of Risks: Participation in *the* MSLMO Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or the loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Musique Sur La Mer Orchestras harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the MSLMO programs and to reimburse them for any such expenses incurred.

Severability Clause: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the MSLMO programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Print Student name:_____

Print Parent/Guardian name:_____

Signature Parent/Guardian_____ Date_____/____/_____

Excursion/Field Trip Waiver and Medical Authorization (For ALL MSLM YOUTH Orchestra Programs)

_____**INITIAL** I hereby give permission for my child to participate in each respective ensemble, and/or any other scheduled field trip or excursion as part of his/her participation in the Musique Sur La Mer Orchestras Youth Programs.

I fully understand that my child is to accept all rules and requirements governing conduct during the retreat. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parent's expense and may be permanently expelled from the MSLMO Youth Program.

I, the undersigned, hereby release and discharge, the Musique Sur La Mer Orchestras, Musique Sur La Mer Orchestras Youth Programs, officers, employees, agents, and servants (herein collectively referred to as "Musique Sur La Mer Orchestras" or "MSLMO") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against Musique Sur La Mer Orchestras because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursions and that results from any cause other than negligence.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be my responsibility as the parent(s)/ guardian of the participant.

Consent to Search Student Belongings

_____**INITIAL** In order to prevent harm and maintain order and safety for all students and staff who are participating in the Musique Sur La Mer Orchestras Youth Orchestras activities, I hereby give permission to the MSLMYO Programs Staff to search Student's personal belongings when there is reasonable suspicion that Student has possession of illegal or dangerous items (e.g. weapons, knives, alcohol, illegal drugs, fireworks or explosives) or Student violates program rules and it is reasonably believed that evidence of the infraction may be found through a search of Student's personal belongings, or when it is reasonably believed to be necessary to protect the health or safety of any Student. To the extent possible, Student will be present during such a search and the scope will be limited to their personal belongings.

By signing below I acknowledge that I have read and understand the **Consent to search student belongings** and comply with consent.

Print Clearly Participant Name (print):_____
Parent/Guardian Name (print):_____
Parent/Guardian Signature:_____ **Date**_____

CARPOOL RELEASE - (For ALL MSLM Youth Orchestra Programs)

Do you wish to be listed on the carpool roster? ____YES ___NO If you checked "yes", please read the following and your signature below will acknowledge consent. If you checked no your signature below will acknowledge you have declined this waiver and your information will not be included in the carpool list. I consent to the Musique Sur La Mer Orchestras's use of my student's name, home phone number and city of residence in a "carpool list." I understand no street addresses will be listed. I understand this carpool list is used to encourage ride shares between MSLMYO Youth Programs participants and will only be distributed amongst students and staff members participating in the Musique Sur La Mer Orchestras of which my student is a member.

Print Clearly Student name:_____
Parent/Guardian name:_____
Parent/guardian signature:_____ Date_____

Medical Assumption of Risk, Waiver, and Release - ALL MUSICIANS

Musique Sur La Mer Orchestras (MSLMO) has put in place preventative measures to reduce the spread of communicable diseases or illnesses, and any other bacteria, virus, or other pathogen capable of causing a communicable disease or illness, including without limitation COVID-19, Flu, and any mutation, adaptation, or variation thereof. However, MSLMO cannot guarantee that your child(ren) will not become infected with COVID-19. Further, attending the Musique Sur La Mer Orchestras Youth Programs at the Musique Sur La Mer Orchestras Studios and/or any other venue where program activities are held, could increase your child(ren)'s risk of contracting COVID-19, Flu, or otherabdaption or variant thereof.

By signing this Assumption of Risk, Waiver, and Release, you acknowledge the contagious nature of communicable diseases or illnesses including without limitation and voluntarily assume the risk that your child(ren) and you may be exposed to or contract a communicable disease or illness whether that exposure occurs before, during, or after any MSLMO activities, and regardless of how caused or contracted.

By signing this Assumption of Risk, Waiver, and Release, you agree that you, and all minors for which you are the legal guardian, agree to comply with all applicable laws and directed health measures, as well as the safety protocols and procedures implemented by MSLMO with regard to communicable disease or illness.

By signing this Assumption of Risk, Waiver, and Release, you, on behalf of yourself and your minor child(ren), also waive all claims, demand, and legal actions, whether known or unknown, (each, a "Claim" and, collectively, "Claims"), against MSLMO and its officers, directors, employees, volunteers, agents, affiliates, and independent contractors, (collectively, the "Releasees"), from any losses, damages, liability, personal injury, injury to property, illness, death, costs, or expenses, including those relating to COVID-19, (each, a "Loss" and, collectively, the "Losses"), arising out of or related to any and all MSLMO program activities, regardless of whether caused by the negligence or other fault of the Releasees or any third party. You agree that you will not bring any Claim against MSLMO or the other Releasees for any Loss, including but not limited to COVID-19 or any other infectious disease, arising out of or related to your presence at any MSLMO-related activity venue premises. By agreeing to this Assumption of Risk, Waiver, and Release, you do not waive any Claims for Losses arising out of the grossly negligent conduct of MSLMO or any other Releasees.

You acknowledge and waive any rights you may have that would limit the effect of this waiver and release to claims actually known or suspected to exist at the time of this waiver and release, including without limitation California Civil Code section 1542, which provides as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY."

THE FOREGOING ASSUMPTION OF RISK, WAIVER, AND RELEASE COVERS AND RELATES TO ALL COVERED CLAIMS OR LOSSES, EVEN IF ARISING FROM THE NEGLIGENCE OF MSLMO OR OTHER RELEASEES, EXCEPT FOR CLAIMS ARISING OUT OF GROSSLY NEGLIGENT CONDUCT.

You further agree to indemnify, defend, and hold harmless MSLMO and the other Releasees from any and all Claims for Losses arising out of or related to any and all MSLMO activities, including from your acts or omissions during all MSLMO activities.

Limitation of Liability: To the fullest extent permitted by applicable laws, none of the Releasees are, or will, be responsible or liable to you, to any third party for, and you expressly waive all rights to seek any indirect, incidental, consequential, special, exemplary, punitive or other damages under any theory of liability, arising out of or relating in any way to any MSLMO activities (even if we have been advised of the possibility of such loss or damages, or such loss or damages were reasonably foreseeable).

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS ASSUMPTION OF RISK, WAIVER, AND RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY AND MY CHILD(REN)'S RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Student Name: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Assumption of Risk, Waiver, and Release.

Parent/guardian signature _____**Date**_____ **Parent/guardian name (printed)**_____

Letter of Support

MUSICIAN: Obtain signatures from both your school music teacher, and private music instructor for this letter of support. Your teachers' signatures are required for you to maintain membership and attend rehearsals. If your school does not have a music program write in "not applicable" in the area of "School Music Teacher Name".

Student Name (printed) _____
Grade in September of the concert season year_____
Instrument_____

Check all **Musique Sur La Mer Orchestra (MSLMO)** Programs that apply:

_____ MSLM Youth Symphony Orchestra
_____ MSLM Honor Chamber Orchestra
_____ MSLM La Petite Musique Training Orchestra
_____ Musica de la Playa Youth Mariachis

****

SCHOOL MUSIC TEACHER

*By signing below, I acknowledge that the student named above is enrolled in my **school music program** and I support his/her membership in Musique Sur La Mer Orchestras Youth Programs.*

School Name_____
School Music Teacher Name (printed clearly) _____

School Music Teacher Signature _____ **Date**_____
School Music Teacher Email_____

****

PRIVATE MUSIC INSTRUCTOR

*By signing below, I acknowledge that the student named above **studies their instrument privately** in my studio and I support his/her membership in MSLMO Youth Programs.*

Private Instructor Name (printed clearly)_____
Private Instructor Signature_____**Date** _____
Private Music Instructor Email_____

Concert Season 20___ thru 20___ HEALTH FORM - DUE WITH REGISTRATION
STRICTLY CONFIDENTIAL - to be used only in case of a medical emergency.

MEDICAL ALERT_____

NAME OF PARTICIPANT_____
Birthdate (m/d/y):_____/_____/_____ Cell Phone (_____)_____
Other Phone (_____)_____
Email_____
Street Address _____
City_____ Zip _____
Parent #1_____ Lives with minor ___YES ___NO
Home Ph (____)_____Cell Phone (____)_____
Email Address_____
Street Address _____
City _____ Zip_____
Parent #2_____ Lives with minor ___YES ___NO
Home Ph (____)_____Cell Phone (____)_____
Email Address_____
Street Address _____
City _____ Zip_____

MEDICAL INFORMATION
Med. Insurance _____
Group # _____Policy #_____
Name of Subscriber_____
Secondary Med. Insurance _____
Group #_____ Policy #_____
Name of Subscriber_____

All Immunizations Current? ____ YES ___NO ***Please attach a copy of immunization records***

Date of Last Tetanus Shot_____
Dates of Covid Vaccinations _____

Check All that Apply:
_____Diabetic _____Asthma _____Mumps _____Heart Problem (explain on back of this form)
_____Frequent Headaches _____Chickenpox Date_____
_____Measles ___Yes ____No Date_____ _____Kidney Problems (explain on back of this form)
_____Liver Problems (explain on the back of this form)

Surgeries & Dates_____

Currently taking the following medications: _____
Allergies to Medication_____
Allergies to Food & Other_____

Any other medical or psychological information that you believe to be important:
_____
_____
_____
_____

Doctor_____Phone (_____)_____
Address_____

Dentist_____Phone (_____)_____
Address _____

In case of an emergency, please contact the following person(s) if the parents cannot be reached:

Name	**Relationship**	**City**	**Phone with Area Code**
1._____			
2._____			

X_____ INITIAL In case of an emergency situation I hereby authorize licensed medical professional to administer any and all medical aid to my child, _____ and to bill my insurance.

X_____ INITIAL in case of an emergency situation I hereby authorize licensed medical professional to administer any and all medical aid to myself, _____ and to bill my insurance.

CONSENT TO TREAT A MINOR

X_____ INITIAL - I certify that I am the parent or legal guardian of the child being enrolled in this program. I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to tender care which the aforementioned physician in the exercise of his/her best judgment many deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code, State of California. Restrictions, if any _____. This consent will remain in effect until rescinded in writing.

CONSENT FOR FIRST AID TREATMENT, TRANSPORTATION - ALL PARTICIPANTS

X_____ INITIAL - I hereby authorize the staff of Musique Sur La Mer Orchestras, Inc. to provide immediate first aid to my child or myself in the event of illness or injury. In addition, if this program provides for the transportation of my child or myself, I hereby grant permission to Musique Sur La Mer Orchestras, Inc. to provide such transportation. This consent will remain in effect until rescinded in writing.

X_____INITIAL - ANY SPECIAL NOTES TO BE ADDED TO HEALTH FORM - on a separate piece of paper and attach to this form

If on behalf of a minor - PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED

Signature_____ Date_____/_____/_____

Relationship to the minor_____

Signature of Adult (18+) Participant _____