



**HEART OF THE VALLEY
CHILDREN'S CHOIR**

260 SW Madison Ave, Suite 101, Corvallis, Oregon 97333
Enriching children's lives with music

INSURANCE INFORMATION

Insurance company: _____

Group name: _____ Group number: _____

Name of insured: _____

MUST BE COMPLETED FOR ATTENDANCE ON RETREAT

I have read and understood the nature of this Festival Choir retreat. I have noted any medical or physical conditions which might affect my child's participation in the HEART OF THE VALLEY CHILDREN'S CHOIR retreat. This health history is correct so far as I know, and the person herein described has my permission to engage in the HEART OF THE VALLEY CHILDREN'S CHOIR retreat activities.

I waive all claims, whether on behalf of my child / ward / me, or my child's other parent, and absolve the HEART OF THE VALLEY CHILDREN'S CHOIR and its employees and volunteers from any and all responsibility in the event of accident or injury to the child while he or she is involved in any of the activities as a HEART OF THE VALLEY CHILDREN'S CHOIR retreat participant or while traveling to and from our destination.

I give my child permission to participate in the HEART OF THE VALLEY CHILDREN'S CHOIR overnight retreat to Camp Tadmor on November 22 – November 23, 2008, and to participate in the HEART OF THE VALLEY CHILDREN'S CHOIR retreat activities. I hereby give my permission for my child to receive emergency medical or surgical treatment and to be hospitalized, if necessary. It is understood that every attempt will be made to contact me or the person(s) named on the Retreat Release form before taking action.

SIGNATURE OF PARENT / GUARDIAN

DATE