



STUDENT RELEASE FORM

MEDICAL TREATMENT CONSENT

Student Name	School
Parent/Guardian Name	Emergency Phone #
Music Education Association (MMEA) Elementar March 19 th , 2016 (rehearsal #2/performance) in Deaccident or injury outside of the rehearsal/performance)	, has my permission to participate in the Michigan ry Honors Choir, to be held March 5 th , 2016 (rehearsal #1) & ewitt, MI. I recognize that MMEA assumes NO liability for nance setting. This includes any transportation to/from both the ereby authorize and consent to emergency medical treatment in mber below.
Medical Insurance Carrier	Policy/Group Number
Please list any allergies, medical conditions and	l/or special needs
Please list any prescriptions the student is takin	ng
MEDIA CONSENT & RELEASE	
I,	, do hereby grant the Michigan Music Education Association
(hereafter referred to as "MMEA") <i>and</i> NAfME: To as "NAfME"), and their agents, the right to use compositions and/or artwork in print and/or record student,	The National Association for Music Education (hereafter referred any/all photographs, video and/or audio recordings, original ded form, and any/all biographical information associated with my, for the purpose of display, exhibition and/or e, broadcast, webcast and/or print media of MMEA and/or hat MMEA and/or NAfME may use all such media, now and in and NAfME for any/all gains and/or liability that may arise in reby attest that I have read this agreement, understand its terms,
Parent/Guardian Signature:	Date:
Student Signature:	Date:

*This form MUST be returned to MMEA before any student may audition for and/or participate in an event. Please contact our office at the phone number below with any questions or concerns.