

Choral Leadership Academy (CLA)
Participant – Medical Permission Form and Liability Waiver
Sacramento, California – January 17-18, 2025

Required of all participants. Please type or print in blue or black ink.

Participant's Name: _____
(First) (Last)

School: _____ City: _____

Health Insurance Provider: _____ Group ID/#: _____
(if no insurance, please write "none")

Name of Policy Holder: _____ Member ID/#: _____

List all prescription medications you are currently or might be taking:

Name: _____ Dosage: _____ Frequency: _____

Reason: _____

Name: _____ Dosage: _____ Frequency: _____

Reason: _____

Name: _____ Dosage: _____ Frequency: _____

Reason: _____

Name: _____ Dosage: _____ Frequency: _____

Reason: _____

List any known food, drug, animal, or environmental allergies:

Circle any conditions for which the participant is currently receiving medical treatment:

Insulin Dependent	Insulin pump	Fainting	Inhaler
Autoimmune Disorders	ADHD	ADD	Depression

Other: _____

List any other medical conditions for which the participant is being treated:

Physicians Name: _____ Office Phone: _____

The designated CLA Coordinators, Faculty and the designated chaperone (if other than a parent for participants under 18) have my permission to administer (dual person observed and documented) the following to the participant if warranted:

(Circle) Tylenol Ibuprofen Imodium Dramamine Liquid Antacid Tums Other: _____

If you wish to be called before any over the counter medication is dispensed, please initial here: If the participant listed above should require medical attention while participating in the Choral Leadership Academy in Sacramento, California, January 17-18, 2025, CLA Coordinators, Faculty, and the designated chaperones have my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I hereby authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the California Choral Directors Association (CCDA), California Music Educators Association (CMEA), Southern California Vocal Association (SCVA), their trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the CLA in Sacramento, California.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the CLA; therefore, I assume all risks related to participating in the CLA in Sacramento, California. I also hereby acknowledge that CCDA, CMEA, SCVA, their trustees, employees, volunteer workers, student's agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the Choral Leadership Academy.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the State of California. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of California so that if any portion thereof is held invalid, the balance shall continue in full legal force and effect.

Participant Name (Print): _____

Signature: _____

*****Parent/Guardian signature required for participants under the age of 18.**

If the participant is over the age of 18, they should sign below.

Parent Name (Print) (if under the age of 18): _____

Parent Signature: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Completed original forms should be scanned and emailed to the following address BY January 10, 2025:
choralleadershipacademy@gmail.com (Please type CLA in subject)