



**Participant Name** (*please print*): \_\_\_\_\_

I authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

**OR**

I do **not** authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

I permit my child to be administered over-the-counter medication by an Apple Hill staff member if needed and requested by my child (exceptions listed below).

**OR**

I do **not** permit my child to be administered any over-the-counter medication by an Apple Hill staff member.

**OR**

N/A. I am over 18 and will self-administer as needed.

I give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

**OR**

I do **not** give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

I have read, understood, and agree to abide by the policies of the Apple Hill Summer Chamber Music Workshop as presented in the Handbook. See:

<https://applehill.org/ah/wp-content/uploads/2022/11/Apple-Hill-Summer-Chamber-Music-Workshop-Policies-2023.pdf>

I acknowledge the contagious nature of the SARS-CoV-2/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing and other mitigation measures.

I further acknowledge that Apple Hill has put in place preventive measures to reduce the spread of SARS-CoV-2/COVID-19.

I further acknowledge that Apple Hill cannot guarantee that I will not become infected with SARS-CoV-2/Covid-19. I understand that the risk of becoming exposed to and/or infected by SARS-CoV-2/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Apple Hill staff, and other participants.

I voluntarily seek to attend Apple Hill in person and acknowledge that I may increase my risk to exposure to SARS-CoV-2/COVID-19. I acknowledge that I must comply with all set procedures related to risks while attending and will be fully vaccinated, including boosters, two weeks before the session.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(*All participants please sign.*)

**Parent or guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(*If participant is under 18*)