



Parental consent form
for underage student participation

Name of the minor	
Date of birth	
Address	
City	
State	
Zip code	
Country	
Home phone	
Parent or legal guardian name(s)	
Parent(s) work number(s)	

To Whom It May Concern:

The undersigned does hereby give permission to my child, _____, to attend and participate in activities sponsored by The Volterra Project, Summer Guitar Institute in Volterra, Italy from _____ to _____.

In the event of a medical necessity or emergency, I authorize the directors of The Volterra Project, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission to my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Volterra Project.

The undersigned does hereby waive and release The Volterra Project and The Volterra Project staff from any responsibility of accident or injuries incurred during The Volterra Project. I also know of no physical or mental problems that may affect my child's ability to safely participate in The Volterra Project. As stated above, the undersigned will be responsible for any charges, medical, transportation or otherwise, in connection with his/her attendance.

Signature of parent or legal guardian _____ Date _____

Emergency contacts:

Name _____

Phone number: (____) _____ - _____

Please use this page to list any allergies or special medical problems your child may have: