



ISCM WORLD NEW MUSIC DAYS 2017

1. ISCM2017 Volunteer Parental/Guardian Consent Form

Personal Information:

Name of Child/Minor: _____

Emergency Contact Name: _____

Emergency Contact phone number: _____

Relationship to child/minor: _____

Is the child/minor permitted to leave by themselves at the end of each volunteer shift? Yes___ No ____

If no, who will pick them up? _____

Phone number: _____

Medical Information:

Are you aware of any medical conditions, injuries, or allergies which may affect this participant? Yes_____ No_____

If yes, please explain:

Does this participant require regular medication? Yes___ No_____

If yes, provide name: _____

If yes, does this participant administer own medication if necessary?

Yes___ No__

Please continue to page 2



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Signed Consent:

ISCM2017 welcomes volunteers of all ages. The parent/guardian recognizes that while ISCM2017 will endeavour to ensure child safety and supervision, their child will not be directly supervised during their volunteer shifts.

Signature of parent/guardian: _____

2) Consent for Release of Photographs and Recordings:

ISCM2017 may use audio and video recordings of volunteers for online, radio, television, newsreel, or similar forms of promotion where applicable, with the prior consent of the volunteer.

ISCM2017 reserves the right to take photographs, audio recordings and video recordings of volunteers during the festival and to use any such photographs, audio recordings and video recordings in promotional material. None of the photographs, audio recordings or video recordings will be sold or used by ISCM2017 for direct commercial profit. ISCM2017 will not be responsible for audio or video recordings taken by members of the festival audience or the public.

I, _____ (name of parent/guardian) do hereby consent to the above in relation to the volunteer, _____ (child/minor's name).

_____ Signature of parent/guardian

_____ Date