

**FOR STUDENTS UNDER 18**  
**PARENTAL CONSENT & WAIVER OF CLAIM**

**Applications will not be accepted without a signature from a Parent or Guardian**

I hereby approve this application and certify its correctness. I waive any and all claims against The Salvation Army or their representatives on account of any accident, injury, or damage that may be incurred to:

Student's Name (PLEASE PRINT) \_\_\_\_\_

or said person's property in connection with or incident to The Salvation Army Territorial Music School.

Note: The Salvation Army will take all possible care and precautions.  
A Registered Nurse will always be on duty.

Parent/Guardian Signature \_\_\_\_\_

Please send the completed form by email ([rachel.ewing@salvationarmy.ca](mailto:rachel.ewing@salvationarmy.ca)) or by uploading it to your registration.