

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) or by uploading it to your registration.