

VIOLA WORKOUT 2010

INDIVIDUAL RELEASE FORM

I, _____, being over the age of 18 and/or we, the parent guardians of, _____ (a student under the age of 18), do hereby release from liability CHAPMAN UNIVERSITY, AZUSA PACIFIC UNIVERSITY, THE VIOLA WORKOUT, R.L. BECKER INC., ROBERT L. BECKER-INDIVIDUAL, THE CRISTIANA GUESTHAUS, UCC CHURCH, OH-BE-JOYFUL CHURCH, CRESTED BUTTE ACADEMY and CRESTED BUTTE COMMUNITY SCHOOL, for injury sustained during activities for the "VIOLA WORKOUT" in Colorado, from **Wednesday, June 16 through Wednesday, June 30, 2010.**

While all leaders, instructors will be exercising "good faith" efforts for all concerned, it is understood that I/we undertake the risk of outdoor activities knowingly and within the restrictions of my health and knowledge. All supervisory personnel will be once again exercising "good faith" efforts while teaching, coaching, walking or driving to and from activities but accidents do happen and I/we release said parties above from litigation and liability for those efforts and activities, and I/we release the above parties from liability during travel to and from said "Viola Workout."

Additionally, I/we understand that failure to abide by instructions and/or rules given by the instructors/staff during the "Viola Workout" activities can be cause for immediate dismissal and I/we bear the cost of my safe return home in that event.

Signed this _____ day of _____, 2010

_____ (signature)

_____ (Print Name)

VIOLA WORKOUT 2010

MEDICAL RELEASE FORM

I, WE, THE PARENT/GUARDIANS OF _____
(HEREIN REFERRED TO AS STUDENT) DO HEREBY AUTHORIZE
ROBERT L. BECKER OR SUPERVISORY PERSONNEL FOR THE VIOLA
WORKOUT TO SEEK AND ALLOW MEDICAL ATTENTION FOR SAID
STUDENT IN THE EVENT OF EMERGENCY OR THE INABILITY TO
REACH PARENT FOR "CONSENT TO TREAT" AUTHORIZATION. IT IS
UNDERSTOOD THAT EVERY EFFORT TO CONTACT PARENTS WILL
BE MADE AS SOON AS POSSIBLE, BUT THIS IS FOR THOSE
MOMENTS WHERE TIME IS OF THE ESSENCE FOR MEDICAL
PERSONNEL TO TREAT SAID STUDENT OR CIRCUMSTANCES
SIMPLY DON'T ALLOW SUCH CONTACT-BACK COUNTRY ETC.

Signed this ____ day of _____, 2010

_____ (signature)

_____ (Print Name)

VIOLA WORKOUT 2010

MEDICAL HISTORY

Name	
Address	
Telephone Number	() -
Mobile Number	() -
Name of Parents	
Mother's Mobile Number	() -
Father's Mobile Number	() -
Insurance Carrier	
Medications Taken (incl. Dosage)	
Please indicate if you have any current health conditions (diabetes, hypoglycemia, asthma, etc.):	
Are you allergic to any <u>medications</u> ? Please specify:	
Please list any allergies (food, animals, etc.) that you may have:	
Is there something in your health condition that would prevent you from participating in strenuous hiking activities?	

<p>Is there something in your health condition that would prevent you from participating in moderate exercise?</p>	
<p>Are you allergic to practicing?</p>	
<p>Before any emergency treatment is administered, are there any facts that the staff and/or medical personnel need to be aware of?</p>	
<p>What foods do you like?</p>	
<p>What foods do you dislike?</p>	
<p>Are you on a restricted diet for religious, personal, or medical reasons? Please specify:</p>	
<p>Please share with us any pertinent information that you feel might interfere, enhance, restrict, cause life-threatening problems, and/or little ones for that matter so that the Viola Workout can help you have a safe and effective time at high altitudes!</p>	

Received _____, 2010
 RB _____ Sec _____

VIOLA WORKOUT 2010

THINGS TO BRING

The attached list is a reminder of some things that you will want to have with you:

Instrument (i.e., your viola and/or anything else you plan to play!)

Your BOW (string players, please don't forget this)

MUSIC STAND

MUSIC

HUMIDIFIER

EXTRA STRINGS and ACCESSORIES (There isn't a music store for a hundred miles)

PIANO PARTS TO MUSIC THAT YOU EXPECT TO PLAY!!

SLEEPING BAG

HIKING BOOTS OR SHOES WITH HIGH ANKLE SUPPORT!!

LAYERS OF CLOTHING-LIKE FLEECE, GORETEX ETC. SWEATERS

RAINPROOF OUTER GEAR-PONCHO, GORETEX FOR HIKING OR COLORADO AFTERNOON SHOWERS

ALL PERSONAL MEDICAL ITEMS

WATER BOTTLE!!!!

SUNSCREEN

LIP PROTECTION

SMALL FLASHLIGHT (overnight late night bathroom trips etc.! when we camp out)

MEDICAL INSURANCE CARDS

\$ FOR YOUR LUNCHESES/DINNERS ETC.

CAMERA

SWIM-SUIT for hot tub and/sauna

HAT-Sunburned ears are a real bummer!

As a reminder, Crested Butte is at 8800 ft of elevation. That makes it closer to the sun than you are used to and we must make sure that your skin, lips etc. receive the extra protection needed at that altitude. All of us people from sea-level need to drink a lot more water than we're used to as well! **Close to a gallon of water a day in conjunction with a regular diet is not considered excessive for sea-level dwellers visiting this elevation.**

The temperatures can range from 95 during the day to 28 at night. It might even snow the first few days we're there and it could be hotter-it's Colorado, it's the mountains, it's unpredictable!!! Be prepared with clothes and gear for the unexpected.