The Montessori Event   
Student Information & Liability Waiver

Event:

Event Date:

Event Location:

Call Time:

Performance Time:

Student’s Name: Student’s Age:

Name of Student’s School:

Parent/Guardian Name:

Parent/Guardian Address:

Parent/Guardian Phone Number (including area code): ( )

Parent/Guardian E‐Mail Address (optional):

Emergency Contact Name:

Emergency Contact Phone Number (while student is at the event): ( )

Emergency Contact Relationship to Student:

Does the Student have any medical concerns? (if yes, briefly describe):

Parent/Guardian Agreement and Liability Waiver

I certify that I am the parent or legal guardian of the student named above, and I have given my permission for the above-named student to participate in the performance event described above. I further certify that the information I have provided on this form is true, accurate, and complete to the best of my knowledge. I also understand that there are certain risks involved with participating in any performing arts activity. I expressly understand and agree that neither the American Montessori Society, the Washington Marriott Wardman Park or their respective officers, directors, employees, or volunteers will be held responsible or made subject to any claim seeking to assess damages or liability for or arising from personal injury or property damage to myself or to the minor child on whose behalf this form is now signed, as a result of actual or proposed participation in this event.

Signature of Parent/Guardian: Date Signed: