

Valley of the Moon Scottish Fiddling School 2025 Minor Release Form

I _____ am the parent or legal guardian of _____, and I hereby grant permission for my minor child to participate in Alasdair Fraser's Valley of the Moon Scottish Fiddling School, August 22 to 30, 2025.

I do assume any and all risks that might be associated with the activities that my child may be involved in at the VOM. I release Scottish Fiddlers of California and all camp directors & staff from any and all liability due to any accident or injury that may result during my child's participation in the camp.

I understand that if my child does not follow acceptable behavior, as established by the camp staff and directors, I will be required to pay all expenses for returning my child home.

My child will attend VOM under the guardianship of: _____.
I hereby grant permission for first aid to be administered to my child in the event that it becomes necessary. I also grant the guardian authority to act in my place and with the same authority as myself during the course of the camp, including the right to approve or decline emergency or other medical care in the event that I cannot be reached by camp staff. I request that in my absence, my child be admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary by the guardian. I authorize physicians and nurses to perform any necessary diagnostic procedures, treatment procedures and operative procedures on my child. Any medical care treatment that is to be provided beyond emergency first aid shall be done solely on the advice and direction of a licensed physician or other licensed medical care practitioner. I assume financial responsibility for all medical treatment that is provided.

Camp staff and medical personnel should be aware of the following medical conditions and known allergies, and/or medications currently taken by my child (also see attached health history):

Parent(s) phone numbers _____

Parent's Signature _____ Date _____

PARTICIPANT AGREEMENT:

I agree to follow the instructions and directions given to me by the camp staff and my guardian.

(Signature of participant)

(date)

This release form and the attached Health History must be returned by July 1, 2025 to:

VOM
C/O Connie Muir
10140 Stable Ln
Nevada City, CA 95959

Any questions, email vomreg@gmail.com