2010 NATIONAL MUSIC FESTIVAL 1 (877) 323-3263
ACCOMPANIST WAIVER FORM

Please print clearly or type in this document and print. This form can be faxed to 1-613-824-5098 or mailed to: FCMF, 1104 Charest Way Orleans, ON K4A 4B1 or emailed to gary@fcmf.org
Competitions will be held August 13 – 15, 2010 in Montreal at McGill University.

_____ _____ _____
Name of Accompanist Male Female Birth Date (MM/DD/YYYY)

_____ _____ _____ _____
Permanent Address City Province Postal Code

Permanent Phone Number _____ Cell Phone Number _____

Email _____

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Medical Information

Provincial Health Care # _____ Allergies _____ Medications _____

Medical Conditions _____ Contact person in case of emergency _____

Contact Person's Phone _____

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Medical Waiver

I, _____ authorize the Provincial Designate for the Province of _____
(province accompanist is representing)

to seek emergency medical treatment for _____
(name of accompanist)

in case of illness of injury during the 2010 National Music Festival in Montreal, Quebec

_____ _____
(Signature of Accompanist) Date

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Waiver for Audiotaping, Videotaping and Photographing of Competitors

I, _____ agree to waive all performance fees for the audio, videotaping and photographing of my performance at the 2010 National Music Festival Competition and Grand Award Competition to be held on August 13th – 15th, 2010, in Montreal, Quebec. Any videotaping is to be used solely for in-house information by the Federation of Canadian Music Festivals. The audiotape may be broadcast on radio at a later date. Photographs may be posted on the FCMF website, in the FCMF newsletter and used for publicity purposes.

_____ _____
(Signature of Accompanist) Date

Any changes to this information must be emailed to gary@fcmf.org