



# PUBLIC MUSIC WORKSHOPS WITH ONEBEAT

Explore music with OneBeat, a group of emerging music leaders from around the world. Both sessions are free and open to all.

The Museum At Warm Springs  
2189 Highway 26 Warm Springs, OR 97761

THURSDAY, OCTOBER 29 & FRIDAY, OCTOBER 30  
4:00.-5:30 P.M. BOTH DAYS



[www.CalderaArts.org](http://www.CalderaArts.org)



# CALDERA FIELD TRIP PERMISSION SLIP

Contact: Sylvan (Amy Burtelow) at 541.324.4935  
or Amy.Burtelow@CalderaArts.org

**See you  
soon!**

**YOUR CHILD IS INVITED TO ATTEND:** Music workshops with OneBeat

**NOTES** Snacks will be provided. **Please attend both days if you can!**

**DATE** Thursday, October 29 and Friday, October 30, 2015 **TIME** 4:00–5:30 p.m. both days

**LOCATION** The Museum at Warm Springs, 2189 Highway 26 Warm Springs, OR 97761

**TRANSPORTATION EACH DAY** Transportation available after school from Warm Springs K-8 to The Museum At Warm Springs. Students can be picked up from the museum at 5:30, contact Sylvan at 541.324.4935 if you need transportation home after the workshops.

**I give permission for my child** (please print legibly)

**to attend** Music workshops with OneBeat **on** (Circle all that apply) Thursday, October 29th Friday, October 30th

**STUDENTS MUST BRING THIS PERMISSION SLIP TO THE FIELD TRIP.**

## MEDIA RELEASE

I give Caldera permission to include my child and his/her artwork (visual and written) for unlimited promotional and advertising purposes in perpetuity (i.e., brochures, newsletters, consumer print, broadcast, books, Internet, retail, events, etc.). Caldera is a nonprofit organization that nurtures individual creativity through art and nature programming. We promote our programs in order to continue to serve young people. The materials will in no way exploit children or our programs.

Unless I check a box below, by signing this release agreement, I agree to allow my child to be photographed or interviewed by the media and permit Caldera to use my child's artwork in promotional materials.

**PLEASE CHECK BOXES IF THEY APPLY:**

My child is in foster care  I do not give permission for my child to be filmed or photographed

## MEDICAL INFORMATION

Please list any allergies. Include medications, food and insects:

Other health concerns:

Please list any medications your child will be taking during the workshop:

**In case of an emergency,** I give permission for my child to receive medical treatment  Yes  No

## PLEASE PRINT LEGIBLY

**STUDENT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_