

**RELEASE OF LIABILITY, INDEMNITY, HOLD HARMLESS, AND MEDICAL AUTHORIZATION**

This release and indemnity agreement is required of all persons participating in activities of Everett Youth Symphony Orchestras (EYSO), including practice and rehearsal, concerts, retreats, training, and social and other activities, whether as a player, or as a parent or guardian of a player. All participants must complete this form, sign it and return it to EYSO.

**Members must have this form on file in order to participate in EYSO activities.**

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**Release of Liability**

I hereby state that I wish to participate in the activities offered by EYSO, a non-profit corporation. I recognize that any group activity may involve some risk, and I assume all risk of participation. I understand and agree that without the protection which this agreement provides for the assets, directors, officers, leaders, employees, coaches and agents of EYSO, EYSO would not be able to offer activities to participants.

I agree to respect and abide by the rules of EYSO that are provided to me or explained to me as a condition of my participation in any particular activity.

In consideration of the right to participate in the activities offered by EYSO, I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY EYSO, its directors, officers, leaders, employees, coaches and agents from any and all liability, claims and causes of action arising out of or in any way connected with my participation, or the participation of any minor on whose behalf I am signing, in any activities offered by EYSO. I personally assume all risks in connection with these activities. If I am signing on behalf of a minor, I further agree to HOLD HARMLESS AND INDEMNIFY EYSO, its directors, officers, leaders, employees, coaches and agents from all liability, claims and causes of action that the minor may have arising from the minor's participation in activities of EYSO.

**Medical Authorization**

I, as a parent/guardian of a minor engaged in activities of EYSO, hereby authorize the adult coaches, directors and officers of EYSO to consent to emergency medical treatment by any licensed physician in the State of Washington for my child when such treatment is deemed necessary by such physician and when I cannot be reached within a reasonable time at phone numbers I have supplied below. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority for such services or procedures as the physician in the exercise of his or her best judgment, may deem advisable.

I know of no mental or physical problems, which might affect my child's ability to safely participate in EYSO activities. I agree to be responsible for any medical or medical-related charges in connection with my child's participation in EYSO activities.

I certify that my child has sufficient accident/medical insurance coverage for any reasonably probable contingency.

Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

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**I have read this Release of Liability, Indemnity and Hold Harmless Agreement and Medical Authorization and have fully informed myself of its contents before signing it.**

Participant's name/s \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT AND AGREEMENT 2016-2017

As a member of the Everett Youth Symphony Orchestras, we (musician and parent) agree to abide by the policies and expectations of membership as outlined below and detailed in the Musician Handbook.

### **Absences**

I agree to notify my conductor well in advance of any anticipated absence that cannot be avoided. I will contact EYSO by phone or email prior to an absence due to illness or family emergency and will submit the Absence Notification Form on the website for all absences. I understand that if I miss more than (2) two rehearsals during a concert cycle, my participation in the concert will be at the discretion of the conductor.

\_\_\_\_\_ (Musician initials) \_\_\_\_\_ (Parent initials)

### **Student Contract**

I accept responsibility to attend all rehearsals and performances. I will abide by EYSO rules and cooperate with conductors and coaches at all times. I will not leave the EYSO rehearsal site without permission.

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|--|---|
| <input type="checkbox"/> I am enrolled in my school music program this year. | <input type="checkbox"/> My school has no music program for my instrument.                              |
| <input type="checkbox"/> I am home-schooled.                                 | <input type="checkbox"/> My class schedule conflicts with my school music program. (Contact EYSO Board) |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent Participation**

I agree to volunteer during the concert season when EYSO requests my help. I will complete the Parent Participation Form and indicate how I can help out. EYSO is a non-profit organization that relies on its members and volunteers in order to provide a quality learning experience.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo and Recording Release** – All musicians must consent to the use of their images.

I give my permission for EYSO to use my child's photograph and concert recordings for public relations use. Images taken of EYSO musicians at our concerts, rehearsals, and retreats may be used on EYSO DVDs, website, live webcast, advertising posters, brochures, and newspaper publications. A group photo of each orchestra is taken annually in the fall. I understand that EYSO will not release any info about my child without my prior permission.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contact:**

Provide name, phone, and relationship to participant, of two people who can be reached during EYSO rehearsal hours. It is vital that we are able to contact an adult in case of emergency.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please Complete Other Side of This Form**