



SOUTH FLORIDA YOUTH SYMPHONY ORCHESTRA

This form must be completed and signed prior to participation in any of our orchestras.
RELEASE OF LIABILITY, INDEMNITY, HOLD HARMLESS AND MEDICAL AUTHORIZATION

Student Name: _____
Parent/Legal Guardian: _____
Child's Physician: _____ Physician Phone: _____
Insurance Company: _____
Policy # _____
Policy Holder: _____
Parent's Contact Phone Numbers _____

Alternate Adult (in an emergency) _____
Phone number _____
Medical Allergies: _____

The following is a release and indemnity agreement which is required of all persons participating in activities of South Florida Youth Symphony Orchestras (SFYS), including practice and rehearsal, concerts, summer programs, training, travel, 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 (including signature of a parent or guardian for any participant under 18 years of age), and return it to SFYS. Those who do not have a completed form on file will not be permitted to participate in SFYS activities.

I hereby state that I wish to participate in the activities offered by SFYS, 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 SFYS, SFYS would not be able to offer activities to participants.

I understand and agree that I am responsible for taking care of my own instrument. I agree to keep it safe in its case when it is not in use and to protect it when it is out of its case. I understand that SFYS will not be responsible for damage to my instrument. If I need insurance to cover my instrument, I will arrange for such insurance with my own insurance company.

I agree to respect and abide by the rules of SFYS that are provided to me or explained to me as a condition of my participation in any particular activity. I agree to be courteous to other participants and to the SFYS directors, coaches and staff and to follow their reasonable instructions. I understand and agree that I may be suspended from participation in SFYS activities if I break the rules or fail to follow reasonable instructions.

In consideration of the right to participate in the activities offered by SFYS, I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY SFYS, 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 SFYS. 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 SFYS, 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 SFYS.

I, as a parent of a minor engaged in activities of SFYS, hereby authorize the adult coaches, directors and officers of SFYS to consent to emergency medical treatment by any licensed physician in the State of Florida 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 above. 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 SFYS activities. I agree to be responsible for any medical or medical-related charges in connection with my child's participation in SFYS activities.

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

I, as parent or guardian, agree to pick up my child on time. I acknowledge that it is my responsibility to pick up or arrange for my child to be picked up on time promptly at the end of any SFYS activity, and that SFYS has no obligation to take care of my child after such time.

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.

Student Signature: _____

Date: _____

Parent/Legal Guardian's Signature _____

Date: _____

Make a copy for your own records. Please update the information on this form by filling out a new form and delivering it to Marjorie Hahn of the SFYS if any changes occur.