

RELEASE AND HOLD HARMLESS AGREEMENT
AND CONSENT FOR MEDICAL TREATMENT

The undersigned parent or guardian of _____ who is a member of the FLORIDA SYMPHONY YOUTH ORCHESTRA (FSYO) hereby gives permission for said member to play in the FSYO and to participate in all activities of the orchestra and associated with the orchestra, including, but not limited to, all practices, rehearsals, concerts, ensembles and any travel associated with any of such activities. The undersigned parent or guardian of said FSYO member as a condition of said member's being permitted to play with the FSYO and participate in its activities, hereby releases and discharges FSYO, its conductors, managers, executive director, board members and parent volunteers of and from any and all liability or damages which may result from said FSYO member's participation in any of FSYO's activities. The undersigned parent or guardian of said FSYO member further agrees to hold the FSYO, its conductors, managers, executive director, board members and parent volunteers harmless from all loss, cost and expense of whatever kind or nature which may arise from any activities of FSYO or be asserted or claimed by or through said FSYO member as a result of any activities of the FSYO.

The undersigned parent or guardian also agrees to be personally responsible for any expenses incurred as a result of disciplinary action taken against the said FSYO member, including the cost of transportation home, as a result of said FSYO member's conduct during performances, concerts, concert tours or any other activity of the FSYO.

In the event the said FSYO member becomes ill or otherwise in need of medical attention, the undersigned parent or guardian hereby specifically authorizes any staff member or board member of the FSYO to consent on said parent or guardian's behalf for medical attention for the said FSYO member, including treatment by physicians, nurses and hospitals. The said FSYO member has the following insurance coverage:

INSURANCE COMPANY: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

The undersigned parent or guardian can be reached at the following telephone numbers:

HOME: _____

CELL: _____

WORK: _____

Name of a relative or friend who can be called in the event the undersigned parent or guardian cannot be reached:

Name: _____

Relationship: _____

Phone: _____

Over →

Name of doctor or physician for the said FSYO member:

Name: _____

Phone: _____

Please list any known allergies your student may have: _____

The undersigned parent or guardian further understands and agrees that prior to any tour, he or she will inform the conductor or orchestra manager in writing of any details regarding the said FSYO orchestra member's medical condition meriting special attention, including, without limitation, any allergies, medical problems, illnesses or medications.

The undersigned parent or guardian further understands and agrees that this release and hold harmless agreement and the consent for medical treatment shall remain in force and effect so long as the said FSYO member continues to be a member of the FSYO or participates in any of its activities; and I further understand that it is my responsibility to advise the executive director of the FSYO of any changes in the information supplied on this form.

Signature

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____, 20____ by _____

_____.

Notary Public

Personally Known _____
OR
Produced _____
as identification

SEAL

We must have a signed & notarized copy of this form on file before you student can perform at the Bob Carr Performing Arts Center or any other concert venue.