2018 – 2019 Concert Season
MEDIA RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned parent or guardian of ______________________________________, who is a Member
(Write in FSYO Member’s Name above)

of FLORIDA SYMPHONY YOUTH ORCHESTRAS (FSYO) hereby gives permission for said Member to play in
FSYO and to participle 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 such
activities. The undersigned parent or guardian of said FSYO Member as a condition of said Member’s
being permitted to play with 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, claim, injury or illness 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 FSYO.

In the event the said FSYO Member becomes ill or otherwise in need of emergency medical attention,
the undersigned parent or guardian hereby specifically authorizes any staff Member, board Member or
parent volunteer of FSYO to contact emergency services and permit treatment if said FSYO member’s
parent is not present.

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: ___________________________  PHONE: ___________________________
RELATIONSHIP: ___________________________
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 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 FSYO, or participates in any of its activities; and the undersigned parent or guardian further understands that it is the undersigned parent’s or guardian’s responsibility to advise the Executive Director of FSYO of any changes in the information supplied on this form.

**Media Release**

From time to time, member activities or achievements warrant public praise and acknowledgement. In exchange for your participation in the programs of Florida Symphony Youth Orchestras, the undersigned hereby consents and grants Florida Symphony Youth Orchestras the worldwide right and license to use photographs, videos, likeness and any other words and symbols that identify the student orchestra members in the advertising and promotion of the orchestra in any medium, without restrictions as to frequency.

**WEB:** FSYO may publish photos, videos, sound clips, and articles of and about student orchestra members at various times during the year.

**PRINT:** FSYO may publish photos and articles of student orchestra members at various times during the year.

____________________________________
Participant Signature

____________________________________  ________________
Parent / Guardian Printed Name        Date

____________________________________
Parent / Guardian Signature

____________________________________  ________________
Parent / Guardian Signature        Date