

# High Plains YOUTH SYMPHONY AND SINFONIETTA

## Musician Release Form

Musician name \_\_\_\_\_ Parent name \_\_\_\_\_

**Photograph/video release:** *We'd like your permission to use photos and videos from rehearsals and performances for our website and other promotional materials.*

I hereby grant to the High Plains Youth Symphony and Sinfonietta (HPYS) and their respective licensees, successors and assigns, all rights and permissions with respect to those photographs and video taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, including website and any and all promotional materials. I further grant to HPYS and their respective licensees, successors and assigns, the right and permission, with respect to those photographs and video taken of me or the minor named below on whose behalf I am signing, to use my name, or the name of the minor on whose behalf I am signing, in connection herewith.

Initial

Initial

I hereby release, discharge and agree to indemnify and hold harmless HPYS and their respective heirs, legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

**Medical release:** *We'd like your permission to seek emergency medical care for your child if it is absolutely necessary.*

If HPYS cannot, in the case of an emergency, contact a parent or legal guardian of my Child, I hereby give any agent or employee of HPYS permission to act in my behalf to seek emergency medical treatment for my Child, in the event that such treatment is deemed necessary by the agent or employee, in his/her sole judgment. I give permission to any physician or other health care professional so selected by HPYS to administer any emergency treatment as said physician or health care professional, in his/her judgment deems necessary. I agree to be responsible for any medical emergency charges incurred for my Child. I further understand and agree that HPYS is undertaking no responsibility or duty to seek medical care for my Child. I hereby waive any claims against, release any liability against, and agree not to file or make a claim against HPYS, or its agents, volunteers, directors, and/or other officials or representatives, for any costs, damages, fees, or claims arising from or connected to actions or inactions described in this Release.

Initial

**Rules of Behavior:** *We'd like your child to agree to polite and appropriate behavior during rehearsals, performances, travel, and all other activities of HPYS.*

My Child's participation in HPYS requires that s/he follow the instructions, rules, and regulations established by HPYS. My Child and I will abide by these rules and be supportive of all the HPYS participants, staff, volunteers, and directors. My Child and I will abide by all federal, state, and local laws while present at any HPYS activity, including travel, performances and rehearsals.

Initial

My child will refrain from the use of non-therapeutic drugs and/or alcoholic beverages during all HPYS activities.

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Musician Name \_\_\_\_\_ Musician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_