

# Bellevue Youth Symphony Orchestra

## Release of Liability, Indemnity, Hold Harmless and Medical Authorization

[text only]

The following is a release and indemnity agreement which is required of all persons participating in activities of Bellevue Youth Symphony Orchestras (BYSO), 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 BYSO. **Those who do not have a completed and signed form on file will not be permitted to participate in BYSO activities.**

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 BYSO 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 BYSO as outlined in the Member Handbook. I agree to be courteous to other participants and to the BYSO directors, coaches and staff and to follow their reasonable instructions. I understand and agree that I may be suspended from participation in BYSO activities if I break the rules or fail to follow reasonable instructions.

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

I, as a parent of a minor engaged in activities of BYSO, hereby authorize the adult coaches, directors and officers of BYSO 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 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 participate safely in BYSO activities. I agree to be responsible for any medical or medical-related charges in connection with my child's participation in BYSO 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 BYSO activity, and that BYSO has no obligation to take care of my child after such time.

I do give my permission for BYSO to use photographs and concert video recordings that include or feature my child for BYSO's public relations and marketing purposes. I understand that BYSO will not release personal information about my student without prior parent/guardian permission.

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.