



BYSO FLUTE ENSEMBLE HOLIDAY TOUR INFO SHEET

Schedule:

11:45am	Arrive at BYSO Admin Office (12310 NE 8 th St, Bellevue, WA 98026)
12:00pm	Depart for Aegis Living of Mercer Island
12:15pm	Arrive at Aegis Living of Mercer Island
12:30pm	Set-up and Sound Check
1:00pm	Performance at Aegis Senior Living and Mingle with Residents
2:30pm	Depart Aegis Senior Living
3:00pm	Arrive at Crossroads Mall and Soundcheck
3:30pm	Concert at Crossroads Mall
4:30pm	Depart Crossroads Mall
4:45pm	Arrive at BYSO office for Pizza
5:30pm	Depart BYSO office for Bellevue Botanical Gardens
5:45pm	Arrive at Bellevue Botanical Gardens
6:00pm	Performance at Bellevue Botanical Gardens and Enjoy Gardens
7:15pm	Depart Bellevue Botanical Gardens
7:30pm	Arrive at BYSO Admin Office – End of Tour!

Check Sheet:

- Submitted Release Forms to BYSO at rehearsal on 11/28/22
- Packed my music stand/music/instrument
- Brought a water bottle
- Brought/Wearing Warm Clothes
- Full of Holiday Cheer!

BELLEVUE YOUTH SYMPHONY ORCHESTRA PARENTAL/GUARDIAN CONSENT FOR:

- Acknowledgement of Personal Liability
- My Child to Participate in BYSO Flute Ensemble Holiday Tour
- My Child to Ride on Privately Chartered Bus

Student Name: _____

BYSO Flute Ensembles' Holiday Tour

Trip Date(s): Leaving at 11:45 am on 12/04/2022 and Returning at 7:30pm on 12/04/2022

Participants will travel by: Chartered Bus

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all BYSO policies and procedures; rules of conduct set forth in the Student and Family Handbooks; and state and federal regulations and laws. I understand that all BYSO rules and policies apply to my child and the other students during the course of the activity.

TRANSPORTATION PERMISSIONS AND WAIVER

I also understand that chartered bus-drivers will be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance. BYSO's insurance does not cover damages arising from, or related to, the renting of any private transportation service, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from the operation of a motor vehicle in relation to the above listed activity, is hereby waived. Please initial on the three spaces to the left of each statement below to acknowledge your acceptance of the following permissions.

___ I give permission for my child to ride in a chartered bus for the 2022 BYSO Flute Ensembles' Holiday Tour.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this activity may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, however, I hereby release Bellevue Youth Symphony Orchestra, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and BYSO policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold

harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

Without a parent signature, student's will not be permitted to participate in the activity.

Signature of Student's Parent or Legal Guardian

Date

VOLUNTEER GENERAL WAIVER OF LIABILITY / RELEASE

I understand that my participation in the City of Bellevue (“City”) programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform my assigned tasks in a responsible manner. In consideration of myself and/or my child(ren) being allowed to participate in the volunteer activities identified herein, I HEREBY AGREE TO ASSUME ANY AND ALL RISKS, INCLUDING RISK OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH associated in any way with my or my child(ren)’s participation in the activities. I further AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS the City, its officials, employees, representatives, volunteers, and agents from any and all liabilities, damages, costs, and expenses, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, arising from or in any way connected with my and/or my child(ren)’s participation in the City’s volunteer activities. I agree that the terms stated herein shall also serve as a WAIVER OF LIABILITY AND ASSUMPTION OF RISK for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

CAUTION

I acknowledge that I have carefully read this VOLUNTEER WAIVER OF LIABILITY / RELEASE and PHOTO/VIDEO RELEASE fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)’s participation in the activities identified herein.

City of Bellevue Volunteer Activity: Bellevue Botanical Garden

By signing below, I indicate that I accept the conditions printed above:

Volunteer or Volunteer’s Parent/Guardian Signature

Date

Printed Volunteer Name

**VOLUNTEER ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY
RELATING TO COVID-19
PLEASE READ CAREFULLY**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Bellevue has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, using City facilities and/or participating in City programs and activities could increase you and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and **VOLUNTARILY ASSUME THE RISK THAT I OR MY CHILD(REN) MAY BE EXPOSED TO OR INFECTED BY COVID-19** by participating in the volunteer activities identified herein **AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH.** I understand that the risk of becoming exposed to or infected by COVID-19 at the facility or in the programs or activities identified herein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, or my child(ren) may experience or incur in connection with my or my child(ren)'s participation in the City's volunteer activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to **WAIVE AND RELEASE** any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with my or my child(ren)'s participation in the City's volunteer activities. I understand that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City program or activity.

IN ADDITION, I AGREE TO COMPLY WITH ALL COVID-19 SAFETY POLICIES AND PROCEDURES OF THE FACILITY OR PROGRAM/ACTIVITY IDENTIFIED HEREIN.

City of Bellevue Volunteer Activity: Bellevue Botanical Garden

By signing below, I indicate that I accept the conditions printed above:

Volunteer or Volunteer's Parent/Guardian Signature

Date

Printed Volunteer Name