



## Spokane Youth Symphony LIABILITY RELEASE FORM

I, the parent or guardian of the below-named child/ward, give my permission for his/her participation in all activities, rehearsals and performances of the Spokane Youth Symphony.

I hereby release and discharge the Spokane Youth Symphony, its agents, directors and volunteers who participate in or conduct activities on behalf of the Spokane Youth Symphony from all claims, demands or actions which the parent or guardian's heirs, executors, administrators or assigns may have, against the Spokane Youth Symphony, its successors or assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by the Spokane Youth Symphony, including, but not limited to, scheduled activities, rehearsals and performances.

I hereby authorize the Spokane Youth Symphony or its agents or volunteers to take my child/ward to the nearest available physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical facility to treat my child/ward.

I, the parent or guardian, have read this release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Name of Child: \_\_\_\_\_

List any health concerns, allergies or disabilities of child/ward:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_