

# 2020 SYS Sensational Summer Camp

## Medical Release/Acknowledgement of Risk

I verify that (Name of Participant):

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has medical insurance with: (Company and Policy #)

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and dental insurance with: (Company and Policy #)

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which effectively covers any medical/dental cost incurred as a result of participation in the 2020 SYS Sensational Summer Camp. Further, I authorize Spokane Youth Symphony staff to seek any necessary emergency medical/dental treatment needed during the course of the event.

As the Parent/Guardian of the Participant, I acknowledge the potential risk of injury related to physical activity associated in the participation in 2020 SYS Sensational Summer Camp.

Parent/Guardian Name: (please print)

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Parent Phone \_\_\_\_\_

Parent/Guardian Signature:

X \_\_\_\_\_ Date \_\_\_\_\_

Mail to:

Spokane Youth Symphony

P.O. Box 9547

Spokane, WA 99209