



**2024 SYS Day Camp Medical Release/Acknowledgement of Risk
REQUIRED FOR ALL STUDENT PARTICIPANTS**

I verify that (Name of Student Participant):

has medical insurance with:

(Company and Policy #) _____

and dental insurance with:

(Company and Policy #) _____

which effectively covers any medical/dental cost incurred as a result of participation in the 2024 SYS Day Camp at Whitworth University, August 23 & 24, 2024. 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 2024 SYS Day Camp. I certify that I am the parent and/or legal guardian of the above-named child. In addition, I waive, release, and will hold harmless SYS, its agents, staff, directors, and volunteers of all claims that may arise out of or in connection with and/correlated in any way to COVID-19.

Parent Name (printed): _____

Parent Signature: _____ Date: _____

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