



## LONG BAY YOUTH SYMPHONY MEMBER RELEASE FORM

LBYS Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

Health/Accident Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

(1) Parent/Guardian Name & Relation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Parent/Guardian Name & Relation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Activity/Function**

I hereby grant the Member permission for him/her to participate with all activities associated with rehearsals and performance of the Long Bay Youth Symphony, herein referred to as LBYS, at Coastal Carolina University, and similar performances at other locations. I acknowledge there are certain risks associated with these activities.

### **Release of Liability**

By signing this consent and release, I expressly warrant that the Member above is capable of withstanding both the physical and mental demands of these activities. For and in consideration of The Long Bay Symphony ("Symphony") permitting the Member to participate voluntarily in the Long Bay Youth Symphony, hereinafter referred to as LBYS, I hereby expressly assume all risks to Member participating with LBYS, whether such risks are known or unknown to me at this time. I further release The Long Bay Symphonic Society, Ltd., The Long Bay Symphony, its officers, employees, volunteers and agents ("RELEASED PARTIES") from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against RELEASED PARTIES, arising out of or in any way connected with the LBYS, for all personal injuries, known or unknown, property damages (including lost or stolen property), or claims for wrongful death, caused by the acts, omissions or negligence of RELEASED PARTIES, and on Long Bay Symphonic Society's behalf or in Long Bay Symphonic Society's name defend at my own expense any such claims, demands, suits causes of action or judgments described above. I understand this waiver does not apply to injuries caused by the RELEASED PARTIES' intentional or gross negligent conduct.

I also agree to be responsible for any property damage or personal injuries that Member or I may cause by intentional or negligent acts while participating in LBYS.

### **Permission to Use Photographs, Recordings or Videotaped Images**

I hereby grant Long Bay Symphonic Society, Ltd., the right to reproduce, use, exhibit, display, broadcast, distribute, sell and create derivative works of LBYS related photographs, recordings or videotaped images of Member for use in connection with the activities of the Symphony or for promoting, publicizing, or explaining the Symphony or its activities. This grant includes, without limitation, the right to publish such images on the

Symphony or Youth Symphony website, social media (Facebook, Twitter, Instagram, YouTube, etc.) and in public relations/promotional materials. These images may appear in a variety of formats and media including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos and video/audio recordings are made without compensation to the Member. All electronic or non-electronic negatives, positives, prints and recordings are owned by the Symphony.

**Online Personnel Roster**

Our LBYS personnel roster will be listed on our website: [www.longbayyouthsymphony.org](http://www.longbayyouthsymphony.org) under the "About – Musicians" tab. To grant us permission to list your student on our roster, please check the appropriate box:

\_\_\_\_\_ Yes! Please list my student on the LBYS musician's webpage.

\_\_\_\_\_ No! Please leave my student's name off of the LBYS musician's webpage.

**First Aid and Emergency Medical Treatment**

I recognize there may be instances where the Member, or I, may be in need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I authorize an adult with the Symphony, in whose care the Member has been entrusted, to consent to any treatment, examination or hospital care, rendered by licensed medical staff. I will assume responsibility for any medical bills. I also consent to the release of the following medical information to the licensed medical staff should it be necessary.

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History and other Pertinent Information**

Include special medical needs or concerns such as allergies (food or medicine), health conditions, dietary needs, chronic medical problems, etc.

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**Medications**

Include all medications the Member has permission to take when participating with the LBYS. (All medicines must be in labeled containers and may not be shared with other Members.)

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**If Member is a Minor**

I represent that I am the parent/guardian of the Member listed above, who is under 18 years of age. I have read and executed this document with full knowledge of its legal significance, and give the Member permission to participate in the LBYS activities described herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Member**

I agree to participate in these activities and understand my agreement holds me responsible to these things and the consequences thereof. I have read and executed this document with full knowledge of its legal significance, and will participate in the LBYS activities described herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_