



YOUTH SYMPHONY

I understand my responsibilities as a member of the Youth Symphony, including the expectation that I will attend all rehearsals, perform in all youth symphony concerts, and arrive at all of these engagements on time.

Agreed and accepted by:

Print Name of Musician: _____

Signature of Musician _____ Date _____

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)

Student T-Shirt Size (for t-shirt orders later this season!) _____

Return this form with your tuition payment of \$160 by Monday, September 26, 2022
(can bring cash or check to rehearsal, or pay on our website)

If you have questions/concerns, need to make a payment arrangement, or would like to request a scholarship, simply let us know! Contact WPS – 828.324.8603 or youthsymphony@wpsymphony.org



Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH WESTERN PIEDMONT SYMPHONY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Western Piedmont Symphony, (WPS) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name and Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)



_____ (Student's Name) has my permission to attend all rehearsals and concerts of the Western Piedmont Symphony Youth Orchestras program. I understand that all reasonable precautions have been and will be taken for the safety of my child. I further agree to hold harmless the Western Piedmont Symphony, its agents, servants, and employees against any and all liability, loss, damages, costs, or expenses which the above-named child or I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the Western Piedmont Symphony.

EMERGENCY AND HEALTH INFORMATION FORM

Student's Name:	Telephone #:
Date of Birth:	Home Address:
Father's Name:	Contact Phone #:
Mother's Name:	Contact Phone #:
Legal Guardian's Name:	Contact Phone #:
Name of contact in case of emergency, if parent cannot be reached:	
Emergency Contact Address:	
Emergency Contact Phone #:	

Family Doctor:	
Address:	Telephone #:
Health Insurance:	Company:
Policy # :	Telephone #:
Unusual Health Conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart <input type="checkbox"/> Convulsive <input type="checkbox"/> Seizures Other Condition _____ Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name _____	
Any other health related issues:	
If emergency treatment is required and parent cannot be reached, what does the parent want the organization to do? (Please indicate by circling either YES or NO)	
1. Contact closest medical facility? YES NO 2. Contact a physician from local referral agency? YES NO 3. Take child to nearest hospital? YES NO 4. Other Suggestions:	
I hereby authorize emergency medical treatment for my child _____ (Child's Name)	
Signature of Parent or Legal Guardian: _____	
Date: ___/___/___	