## MVYSO Medical Release & Release of Liability

One per family- Last Name		
Student Name(s)	Date of Birth	Medical condition (if any)
Street Address		
City	Zip	code
Home phone	Cell_	
<b>Emergency Contact inform</b>	ation	
#1	Phone	
#2	Phone	
, , , , , , , , , , , , , , , , , , ,		mation you would like us to know about e next to information about that child.
Symphony Orchestra accepting the otherwise indemnify and hold hard any affiliate organizations and spot facilities utilized for the Programs registrant'sparticipation in the progreceived a physical examination was participating in the Programs. I he	sical injury associated youth activities, and e registrant for its orchestra programs and a mless the Maple Valley Youth Symphony O nsors, their employees, and associated pers against any and all costs and claims resulti grams and/or being transported to or from t within the last 12 month by a physician and reby give my consent to have an emergency and with medical assistance and/or treatment	has been found physically capable of
Signature of Parent/Guardi	an Signature Date	