MVYSO
Medical Release & Release of Liability

One per family - Last Name _____

Student First Name(s) **Date of Birth** **Medical condition (if any)**

_____

_____

_____

Street Address_____

City_____ **Zip code**_____

Home phone _____ **Cell**_____

Emergency Contact information

#1_____ **Phone** _____

#2_____ **Phone** _____

Please list any allergies, medications, or any other medical information you would like us to know about your child. If nothing, please write NA. Please list child's name next to information about that child.

_____

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Release of Liability & Medical Release

Recognizing the possibility of physical injury associated youth activities, and in consideration for the Maple Valley Youth Symphony Orchestra accepting the registrant for its orchestra programs and activities. I hereby release, discharge and/or otherwise indemnify and hold harmless the Maple Valley Youth Symphony Orchestra, it's coaches, volunteers and parents, any affiliate organizations and sponsors, their employees, and associated personnel, including the owners of our venues and facilities utilized for the Programs against any and all costs and claims resulting from injury to the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same. My child has received a physical examination within the last 12 months by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have an emergency personnel, and/or doctor of medicine or dentistry to provide my daughter or son with medical assistance and/or treatment and agree to be responsible financially for all costs of such assistance and/or treatment in the event of an emergency.

_____ _____

Signature of Parent/Guardian Signature ***Date***

☐ by checking this box, I authorize the above as my electronic signature