

**BAY AREA YOUTH SINGERS**

**EMERGENCY INFORMATION AND LIABILITY RELEASE FORM**

Name of Participant \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name of Parents or Legal Guardian \_\_\_\_\_

Address (street, city, zip—print clearly) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell #1 \_\_\_\_\_

Cell #2 \_\_\_\_\_

Emergency Contact Person & Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medical Condition(s) that might affect child’s participation and of which we should be aware:

\_\_\_\_\_

\_\_\_\_\_

In consideration for the above named minor being allowed to participate in the Bay Area Youth Singers activities, we (I) do hereby, release, forever discharge and agree to hold harmless the Bay Area Youth Singers, its staff and volunteers, from any and all liability claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by us and/or the above named participant while participating in BAYS activities. Furthermore, we (I) agree to hold harmless and indemnify the Bay Area Youth Singers, its staff, volunteers, members, and agents for any liability sustained thereto as a result of the negligent, willful or intentional acts of the above named participant.

We (I) hereby give our (my) permission for the Bay Area Youth Singers staff and volunteers to take the above named participant to a doctor or hospital if deemed necessary by the staff or volunteers, and we (I) assume the responsibility of all medical bills and transportation costs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian