

Attn: KATY YOUTH SYMPHONY

To Whom It May Concern:

I am the Parent / Legal Guardian of



_____ student's name

I grant permission for my child to participate in all rehearsals and concerts for the 2022-23 season, as well as any officially sponsored Katy Youth Symphony activities and camps.

Emergency contact numbers:

Parent/Guardian

Name _____ Relationship _____ Phone number _____

Other Contact Information _____

Other Emergency Contact (not living at the same residence)

Name _____ Relationship _____ Phone number _____

Other Contact Information _____

Name and telephone number of doctor: _____

Indicate each student's special **medical needs** or **food restrictions** (if any): _____

Authorized to Treat Minor: In the event that I cannot be reached in an emergency, I hereby permit a Katy Youth Symphony representative to call 911 and/or to contact a medical facility or physician selected by Katy Youth Symphony to provide proper treatment. I will be responsible for all expenses arising in association with such treatment.

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____

Acknowledgment of Notification Regarding Risk: The activities in this orchestra season are not considered high-adventure or high-risk activities.

Indemnity and Waiver of Claim: I, the undersigned, the Parent / Legal Guardian of _____, student's name hereby acknowledge that as a condition of the student participating in the activities, agree to indemnify and hold harmless the Katy Youth Symphony, its employees and volunteers, its governing board, the individual members thereof, and all other officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above-mentioned activity.

Parent's Signature: _____ Date: _____