



Release of Liability, Indemnity, Hold Harmless, and Medical Authorization

STUDENT NAME: _____
Family Physician Name: _____ Physician Phone: _____
Insurance Company: _____ Policy # _____ Policy Holder: _____

The following is a release and indemnity agreement, which is required of all persons participating in activities of Seattle Collaborative Orchestra (SCO), including practice and rehearsal, concerts, training, travel, and social and other activities, whether as a player, or as a parent or guardian of a player. All participants must complete this form, sign it (including signature of a parent or guardian for any participant under 18 years of age), and return it to SCO. Those who do not have a completed form on file will not be permitted to participate in SCO activities.

I hereby state that I wish to participate in the activities offered by SCO, a non-profit corporation. I recognize that any group activity may involve some risk, and I assume all risk of participation. I understand and agree that without the protection, which this agreement provides for the assets, directors, officers, leaders, employees, coaches and agents of SCO, SCO would not be able to offer activities to participants.

I understand and agree that I am responsible for taking care of my own instrument. I agree to keep it safe in its case when it is not in use and to protect it when it is out of its case. I understand that SCO will not be responsible for damage to my instrument. If I need insurance to cover my instrument, I will arrange for such insurance with my own insurance company.

I agree to respect and abide by the rules of SCO that are provided to me or explained to me as a condition of my participation in any particular activity. I agree to be courteous to other participants and to the SCO director, coaches and staff, and to follow their reasonable instructions. I understand and agree that I may be suspended from participation in SCO activities if I break the rules or fail to follow reasonable instructions.

In consideration of the right to participate in the activities offered by SCO, I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY SCO, its directors, officers, leaders, employees, coaches and agents from any and all liability, claims and causes of action arising out of or in any way connected with my participation, or the participation of any minor on whose behalf I am signing, in any activities offered by SCO. I personally assume all risks in connection with these activities. If I am signing on behalf of a minor, I further agree to HOLD HARMLESS AND INDEMNIFY SCO, its directors, officers, leaders, employees, coaches and agents from all liability, claims and causes of action that the minor may have arising from the minor's participation in activities of SCO.

I, as a parent of a minor engaged in activities of SCO, hereby authorize the adult coaches, directors and officers of SCO to consent to emergency medical treatment by any licensed physician in the State of Washington for my child when such treatment is deemed necessary by such physician and when I cannot be reached within a reasonable time at phone numbers I have supplied above. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority for such services or procedures as the physician in the exercise of his or her best judgment, may deem advisable. I know of no mental or physical problems, which might affect my child's ability to safely participate in SCO activities. I agree to be responsible for any medical or medical-related charges in connection with my child's participation in SCO activities. I certify that my child has sufficient accident/medical insurance coverage for any reasonably probable contingency.

I, as parent or guardian, agree to pick up my child on time. I acknowledge that it is my responsibility to pick up or arrange for my child to be picked up on time promptly at the end of any SCO activity, and that SCO has no obligation to take care of my child after such time.

I have read this RELEASE OF LIABILITY, INDEMNITY AND HOLD HARMLESS AGREEMENT, and MEDICAL AUTHORIZATION and have fully informed myself of its contents before signing it.

Student's Signature Date _____

Parent/Guardian's Signature Date _____

After signing this document, please keep a copy for your own records. Please update the information on this form by filling out a new form and delivering it to SCO if any changes occur.