



MEDIA AND MEDICAL RELEASE

Student and parent permission is needed before AYS may use a person's likeness, voice and/or name in media such as photographs, video and written material, or before medical care can be provided in the event of an emergency. Please read, sign and date this release. Name and signature of a parent or legal guardian are required for students under 19.

If permission is withheld, please note that here.

Media

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs or written material, I consent to the use and editing thereof and release Anchorage Youth Symphony and its board members, employees, contractors and volunteers from any and all claims resulting from such use and editing in Anchorage Youth Symphony media, and use, sale, editing and release to newspapers, radio and television stations, and online.

Medical

In addition, I consent to emergency medical treatment by physicians in event of injury or illness during the student's participation in an Anchorage Youth Symphony activity. I hereby waive any liability of the Anchorage Youth Symphony, its board members, employees and contractors from any and all claims arising from such treatment.

PRINT ALL INFORMATION

_____ student's name

_____ student's signature _____ date

The above consent and release is hereby ratified and approved.

_____ name of parent or guardian

_____ signature of parent or guardian _____ date

_____ physician's name _____ physician's phone

_____ health insurance carrier

Mail to: Anchorage Youth Symphony
P.O. Box 240541
Anchorage, AK 99524