

**YOUTH PARTICIPATION AND
LIABILITY / MEDICAL RELEASE**
Land O'Lakes District of the Barbershop Harmony Society, Inc.

Activity _____

Youth's name _____ Birth date _____

Address _____ City/St/Zip _____

Home Phone # _____ Email _____

EMERGENCY INFORMATION

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Parent/Guardian Emergency phone # _____

Allergies and/or Medical Conditions _____

Consent and Agreement by Parent/Guardian

I am the parent or legal guardian of the Youth named above who desires and/or has applied to participate in the above named Activity. I acknowledge that I have received a copy of the Youth Policy Statement of the Barbershop Harmony Society (BHS), have reviewed and understand the same. I have also reviewed and discussed the Policy Statement with the Youth, particularly his/her responsibilities as a participant in the Activity. I understand that participation by the Youth is conditioned upon the consent and provisions in this document.

I consent to the Youth participating in the Activity. I hereby authorize the Supervisor(s) to supervise the conduct and activities of the Youth as a participant in the Activity, including (but not limited to) any associated travel. I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place as deemed necessary and appropriate in the reasonable judgement of such Supervisor(s). I understand and agree that the failure of the Youth to accept and comply with such supervision, and/or failure of such Supervisor(s) to provide effective supervision of the Youth, may be grounds for the denial or immediate termination of the Youth's participation in the Activity.

I accept full responsibility for all actions of the Youth and such Supervisor(s) during or arising out of the Youth's participation in the Activity. In the event of any medical emergency involving the Youth I hereby authorize the Supervisor(s) to obtain, provide, give consent, or furnish authorization for any necessary emergency medical services to the Youth, including (but not limited to) surgical procedures which may be recommended by a duly licensed Doctor of Medicine or Doctor of Dentistry, it being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible after a need arises.

I also agree to the use of his/her likeness in any group photographs, videos or audio recordings developed on behalf of the Barbershop Harmony Society for use in any publicity developed by the BHS.

Signature _____ Date _____

(Printed Name) _____

(Youth should bring this completed form to the Registration desk day of the Activity)