

RELEASE OF LIABILITY

/ /

Name of your child (Please print clearly)

Child's date of birth

THIS IS A BINDING LEGAL DOCUMENT, PLEASE READ BEFORE SIGNING!

In consideration of my child ("Child") being allowed to participate as a member of the Colorado Brass Youth Band ("CBYB"), and related concert, I understand, acknowledge and agree, for myself and my Child that:

My Child's participation in the above listed group, and /or all related concerts, requires that he/she follow the instructions, rules (of which we have received a copy), and regulations established by the CBYB. I agree that my Child and I will abide by these rules and be supportive of all the CBYB policies, chaperones, volunteers, and leadership. My Child and I agree to abide by all federal, state, and local laws while present at any group or CBYB activity. I agree my Child will refrain from the use of non-therapeutic drugs and/or alcoholic beverages during all group CBYB activities and events. I will not be under the influence of non-therapeutic drugs or alcoholic beverages while I am present, in any capacity, at any group or CBYB activity or event.

In the event CBYB cannot, in the case of an emergency, make a reasonable attempt to contact a parent or legal guardian of my Child, I hereby give any agent or employee of CBYB permission to act in my behalf to seek emergency medical treatment for my Child, in the event that such treatment is deemed necessary by the agent or employee, in his/her sole judgment. I agree that Colorado Brass may obtain medical attention, advice, evaluation or treatment for my child in an emergency while participating in any activities of the organization. In case of emergency, I understand that reasonable efforts will be made by CBYB to contact me. In the event of an emergency, I agree to pay for any medical services that might be needed beyond that provided by my insurance. I hereby give my permission for the administration of over-the-counter medications by the CBYB staff. I agree and understand that the Colorado Brass has sole discretion to determine when such an emergency has occurred.

We acknowledge that the risk of property damage or loss, injury, accident, illness or death from events is present and difficult to quantify. There may also be other risks that are not known to, or anticipated by, me. Colorado Brass is very cognizant of and does the utmost to provide the safest environment possible; however, if my child or I believe anything about any group and/or CBYB event, is not reasonably safe, we will not join. Once my child has joined, I understand that my child's membership may be terminated for non-participation in required programs/activities.

I CONSENT to my Child's participation in the group and all CBYB events and programs. Except for intentional wrongful acts by representatives of the Colorado Brass, and except for instances of gross or willful negligence on the part of representatives of the Colorado Brass, I agree to forego pursuing any damage claim, of any type, against the Colorado Brass, its agents, volunteers, directors, chaperones, officers and/or representatives. Claims not arising from intentional wrongful acts, or gross or willful negligence, are hereby waived. I ASSUME any and all Risks, known and unknown, and I ASSUME all legal and financial responsibility for any losses, costs, and damages that may arise from any property damage or loss, injury, accident, illness, or death to my Child, whether caused, in part or in total, by the ordinary negligence of the Colorado Brass. All disputes regarding this agreement and/or any claim for damages regarding any group and/or CSYSA event, program, concert, tour, rehearsal, camp or other activity or program, shall be resolved by arbitration pursuant to the Uniform Arbitration Act as adopted in Colorado. All arbitration shall take place under the direction of the American Arbitration Association, and its arbitration rules. All arbitrations shall take place in Colorado Springs, Colorado. If I request arbitration, I shall initially pay all costs and fees associated with the arbitration, but such fees and costs are subject to award by the arbiter(s).

I HAVE CAREFULLY READ this Release, Waiver, Assumption of Risk, and Consent agreement. I fully understand its terms and understand I have given up substantial legal and financial rights by signing this Agreement. I sign it freely and voluntarily, without any inducement except participation in the Event by my Child.

Parent/Guardian Name (required)

Parent/Guardian Signature (required)

Print Parent/Guardian Name

Parent/Guardian Signature

Print Musician's Name

Musician's Signature

# The Colorado Brass Youth Brass Band 2023-2024 Health/Emergency Consent Form

Musician Name: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Additional Emergency Contact (contacted if parents/guardians cannot be reached): \_\_\_\_\_

Relation to musician: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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## Medical Information

Food/Medicinal/Other Allergies (list any and all): \_\_\_\_\_

\_\_\_\_\_

Medications & Additional Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Primary Care Physician (if applicable): \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Hospital Preference (if any): \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Verification Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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I agree that the Colorado Brass may obtain medical attention, advice, evaluation or treatment for my child in an emergency while participating in any band activities. In case of emergency, I understand that reasonable efforts will be made by the Colorado Brass to contact me. In the event of an emergency, I agree to pay for any medical services that might be needed beyond that provided by my insurance. I agree and understand that the Colorado Brass has sole discretion to determine when such an emergency has occurred. I hereby give my permission for the administration of over-the-counter medications listed (acetaminophen/Tylenol, ibuprofen/Advil, naproxen sodium/Aleve, PeptoBismol, Tums, Benadryl, cough drops/throat lozenges, Emergen-C, Airborne, Sudafed, Neosporin topical gel, Calamine lotion, Cortizone cream) by the Association staff or Association official volunteer.

List any exceptions here: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature (*required*) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A copy of this information is held by the group's conductor and/or chaperones whenever a group goes on tour or attends camp.**