

**Western Connecticut Youth Orchestra, Inc.
Charles Ives Music Festival at WCYO
2021 Commitment, Waiver and Consent Form**

**Please complete and sign all sections and return to WCYO, P.O. Box 964, Ridgefield, CT 06877
OR send scanned copy to info@wctyo.org**

Musician's Name: _____

Musician's Age: _____ Musician's Date of Birth: _____

Parent(s)/Legal Guardian(s) Name(s): _____

Mailing Address: _____

City/State/ZIP: _____

Home Phone #: _____

Parent(s)/Guardian(s) Cell Phone #(s): _____

Parent(s)/Guardian(s) Email(s): _____

Musician Cell Phone #: _____

Musician Email: _____

Private Teacher's Name: _____

Address: _____

Email: _____

Photo/Video/Audio Release

I (I/we) understand that I (my/our child), _____, as a participant in a WCYO program, may be photographed, videotaped, or recorded during normal orchestral activities including but not limited to concerts, rehearsals, retreats, trips and fundraisers and these photographs/videos/audio recordings may be used on the WCYO website, in newspapers, or in promotional and recruiting materials. Any and all promotional materials, including but not limited to photographs, videos, and audio recordings, become the exclusive and sole property of the Western Connecticut Youth Orchestra, Inc. I (I/we) give permission for my (my/our child's) image to be used in this manner.

Liability Waiver

I (I/we, the parent/s or legal guardian/s of the minor child), _____, a participant in a WCYO program, do hereby release and hold harmless the Western Connecticut Youth Orchestra, Inc. and its trustees, agents, officers, servants, directors and employees against all loss (including reasonable attorneys' fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of me (my/our minor child) or by me (me/us) arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by me (my/our minor child) or by me (me/us) arising out of or in connection with my (my/our minor-child's) participation in WCYO events, rehearsals, and performances. I (I/we) understand that WCYO events, rehearsals, and performances may take place outside of Ridgefield, Connecticut, and I (I/we) consent that I (my/our minor child) shall be allowed to travel and/or be transported to such events.

Musician's Signature:

Date:

Parent(s)/Legal Guardian(s) Name(s):

Parent(s)/Legal Guardian(s) Signature(s):

Date:

Emergency Contact Information and Medical Consent

Please fill out the medical and emergency contact information below in the event medical attention is required and a parent/guardian is unavailable.

Musician's Name: _____

Emergency Contact: Names & Telephone Numbers (if parent(s)/guardian(s) is unavailable)

1. _____

2. _____

Physician's Name: _____

Physician's Phone: _____

