

## **Parental Consent and Waivers/Release from Liability**

Hattiesburg Youth Orchestra and William Carey University

My child has permission to participate in the HYO Orchestra Spring 2026 session at William Carey University. By signing this form I agree to support Hattiesburg Youth Orchestra's policies as stated in the Letter of Commitment and I am in agreement with the waivers as shown below.

(Please print legibly)

Name of Child: \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

## **Waiver of Liability and Responsibility for Damage**

I agree that Hattiesburg Youth Orchestra and William Carey University will not be held liable for any negligence, casualty, accidents, expenses, or claims based on personal injury or property damage resulting from participation in any Hattiesburg Youth Orchestra activities. I further agree that I will be responsible for any property damage resulting from my child's activities. I understand my child is responsible for his/her instrument and personal belongings at all HYO activities and I am responsible for any damage that could occur for any reason. Further, I agree that I, my child, my heirs, assignees, guardians, or legal representatives will not make a claim against any HYO staff, officers, or directors individually or collectively or any William Carey University staff, officers, or directors for the injury of my child, or damage to his/her property sustained in connection to HYO's Spring 2026 session.

## **Medical Release**

I agree that the HYO may obtain medical attention, advice, evaluation, or treatment for my child in an emergency while participating in a HYO rehearsal or other event. In case of emergency, I understand that reasonable efforts will be made by the HYO 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, and that HYO and its representatives will not be held liable for any related expenses. I agree and understand that HYO has sole discretion to determine when such an emergency has occurred.

## **Photo Release**

I hereby consent and authorize HYO to take/use photographs, video, and audio recordings (hereinafter "recordings") of me and my children/wards for educational, research, documentary, marketing, public relations, or other purposes. I understand any such recordings shall be the sole property of HYO. I also understand that any audio or video recorded by me, my family, or friends can only be for personal use. HYO does not allow any electronic media produced by family or friends to be published on Facebook, YouTube, or any other media without prior consent from HYO.