

Ethos Youth Ensembles

Handbook Acknowledgement Form

I _____, the parent of _____ (“my child”), give permission for my child to attend rehearsals and performances of the Ethos Youth Ensembles for the 2020-2021 academic year.

I understand that personal injury can and may occur to my child, and I hereby authorize Staff and Board Members of the Ethos Youth Ensembles to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release the Ethos Youth Ensembles, the Murfreesboro First United Methodist Church, St. Paul Episcopal Church and the Rutherford County Schools, and other agencies that might host the Ethos Youth Ensembles in rehearsal or performance, including employees, agents and volunteers of all these agencies, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in the Ethos Youth Ensembles.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of the Rutherford County Schools, Middle Tennessee State University, and/or the Murfreesboro First United Methodist Church.

I have read and understand the policies and procedures outlined in the Ethos Parent/Student Handbook.

I agree and consent to all of the above stated.

Parent Signature

Date

Ethos Youth Ensembles

Student Video & Photograph Release Waiver

I hereby authorize the Ethos Youth Ensembles, hereafter referred to as “Company,” to publish photographs taken on between October 12, 2020 and July 31, 2021 of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Company’s print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless the Company from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize (insert company name) to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Ethos Youth Ensembles, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Relationship to Children: _____

Names and Ages of Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Ethos Youth Ensembles

Emergency Medical Form/Consent for Medical Treatment of a Minor

(this form will be destroyed at the completion of the Ethos Program Year)

Student's Name _____

Address _____

City _____ Zip _____ Grade ____ Sex _____

Phone # _____ Date of Birth ____ / ____ / ____

Parent's /Guardian's Name _____

Place of Business _____

Work Phone # _____ e-mail _____

Parent's /Guardian's Name _____

Place of Business _____

Work Phone # _____ e-mail _____

Family Physician/Pediatrician _____

Place of Business _____

Work Phone # _____ Fax # p _____

Medical Insurance Company _____

Policy Holder _____ Policy # _____

If hospitalization is needed, please list preferred hospital - _____

Please list any medications currently being taken by student - _____

Please list any special/previous health problems, allergies, or medical conditions that should be considered - _____

Medical Treatment Authorization:

To Whom It May Concern: I (we) being the parent / legal guardian / legal next of kin of

hereby give my authorization for any necessary medical treatment for this person while participating in the Ethos Youth Ensembles programs. I request the hospital staff to contact me (or my spouse/ or the other legal guardian) at the numbers provided. In the event that I (or my spouse/ or the other legal guardian) can not be reached, I grant permission to my pediatrician/family physician or the hospital’s emergency medical staff to render medical care as deemed appropriate. I also guarantee payment of all charges incurred during the person’s treatment (physician, hospital, X-ray, lab, drugs, ambulance, examination, etc.), minor surgery (hospital care, physicians, drugs, X-ray, lab, etc.), and/or hospital care as deemed necessary by a physician. I understand this consent is valid from October 14, 2020 through July 31, 2021.

I hereby entrust the care and emergency transportation of the above named person to the duly authorized representative of the Ethos Youth Ensembles.

Mother / Guardian Signature _____ date_____

Father / Guardian Signature _____ date_____

This form does not need to be Notarized