

# Ethos Youth Ensembles

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## Handbook Acknowledgement Form

I \_\_\_\_\_, the parent of \_\_\_\_\_ (“my child(ren)”), give permission for my child to attend rehearsals and performances of the Ethos Youth Ensembles for the 2021-2022 academic year.

I understand that personal injury can and may occur to my child(ren), and I hereby authorize Staff and Board Members of the Ethos Youth Ensembles to seek and consent to emergency medical attention for my child(ren) 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(ren) while participating in the Ethos Youth Ensembles.

I agree to accept full responsibility, financially or otherwise, for any damage my child(ren) 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

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## Student Video & Photograph Release Waiver

I hereby authorize the Ethos Youth Ensembles, hereafter referred to as "Company," to publish photographs taken on between September 12, 2021 and July 31, 2022 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 Child(ren): \_\_\_\_\_

### Names and Ages of Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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## Contagious Pathogen Waiver

I acknowledge the contagious nature of the novel coronavirus (COVID-19) and other contagious pathogens. I further acknowledge that the Ethos Youth Ensembles cannot guarantee that my student(s) will not become infected with COVID-19 and any other contagious pathogens while onsite and/or while participating in performing arts activities.

I understand that the risk of becoming exposed to and/or infected by COVID-19 and other contagious pathogens may result from the actions, omissions, or negligence of myself, my family members, my student(s) and others, including, but not limited to, Ethos Youth Ensembles teachers, staff and administration.

I voluntarily seek the educational services provided by the Ethos Youth Ensembles for the 2021-2022 academic year (between September 12, 2021 and July 31, 2022), and acknowledge that it is possible that I may be increasing my risk, and/or that of my family members and student(s), to COVID19 and other contagious pathogens.

I acknowledge that I, and my student(s), must comply with all procedures set by the Ethos Youth Ensembles to reduce the potential spread of COVID-19 and other contagious pathogens while onsite and/or while participating in Ethos Youth Ensembles activities.

I hereby release and agree to hold the Ethos Youth Ensembles harmless from, and waive on behalf of myself, my student(s), my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act by the Ethos Youth Ensembles.

I understand that this release discharges the Ethos Youth Ensembles from any liability or claim that I, my student(s), my heirs, or any personal representatives may have against the Ethos Youth Ensembles with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any educational services received from the Ethos Youth Ensembles.

### Authorization:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

### Names and Ages of Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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## 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 - \_\_\_\_\_

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**Medical Treatment Authorization:**

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

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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 September 12, 2021 through July 31, 2022.

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\_\_\_\_\_

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**This form does not need to be Notarized**