## East Valley Youth Symphony WAIVE, RELEASE, AND ASSUMPTION OF RISK FORM 2024 – 2025

On behalf of myself, my household members, and my student, I hereby give permission for my student to attend camps, clinics, practices fundraisers, concerts, auditions, and competitions in and out of the East Valley Youth Symphony (EVYS). My student and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending camps, clinics, practices, fundraisers, concerts, auditions, and competitions at a school campus, concert venue or fundraising venue. I acknowledge that my student's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my student's participation. I understand that my student will be associating with staff, volunteers, Board members and other students and may contract or be exposed to viruses and diseases. My student's participation could therefore be hazardous to my student and others, both known and unknown to myself, with whom my student may have contact. I understand and voluntarily assume the risk that my student may acquire a virus or disease, and that it may subsequently be transmitted from my student to me, my family, members of my household, and/or other members of the community, known or unknown to me.

While instruction and reasonable supervision will be provided, staff cannot ensure my student's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my student will suffer an injury or illness.

I certify that my student currently has no current issues that make it unsafe for my student to participate. I will notify EVYS staff and not send my student to participate if my student develops a fever or illness; I acknowledge that my student and I are responsible for ensuring that he or she takes any necessary medications, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages and rights of any kind against EVYS, its insurers, EVYS's governing board members, and all their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my student, me, or my household members-whatever the cause-due to my student's participation. This includes, without limitation, any claim arising from negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my student, or my household members resulting from participation.

| EVYS Member Name         |          |
|--------------------------|----------|
|                          |          |
| EVYS Parent Printed Name |          |
| EVYS Parent Signature    | <br>Date |