



BARBERSHOP HARMONY SOCIETY

www.barbershop.org



PARTICIPATION FORM AND LIABILITY / MEDICAL RELEASE

Youth's Name Date of Birth

Address City State Zip

email Phone Number

EMERGENCY INFORMATION

Parent/Guardian Name: Home Ph: Cell Ph:

Parent/Guardian Name: Home Ph: Cell Ph:

Allergies & Other Medical Conditions:

Medical Insurance Co: Phone:

Policy Holder: Policy Number:

Youth's Physician: Phone:

In an emergency, when parent/guardian cannot be reached, please contact:

Emergency Contact: Home Ph: Cell Ph:

Consent & Agreement by Parent/Guardian

I am the parent/guardian of the Youth named above who desires and/or has applied to participate in Barbershop Harmony Society's ("BHS") Harmony University. I acknowledge that I have received a copy of the BHS Youth Policy, have reviewed and understand the same, and have had the opportunity to discuss the same with Harmony University staff. I have also carefully reviewed and discussed the Youth Policy with the Youth, particularly his/her obligations and responsibilities as a participant in Harmony University. I understand that participation by the Youth is conditioned upon the consent, agreements, and other provisions contained in the Youth Policy and the rules and bylaws of the BHS.

I consent to the Youth participating in Harmony University. I hereby authorize the Harmony University staff to supervise the conduct and activities of the Youth as a participant, including (but not limited to) participation in any associated travel. I understand and agree that the failure of the Youth to accept and comply with such supervision may be grounds for the denial or immediate termination of the Youth's participation in the event. I acknowledge that I understand there are risks inherent to the experience of Harmony University and its related activities and agree to release, discharge and/or otherwise indemnify and hold harmless the BHS, its affiliated organizations and sponsors, their employees, associated personnel and volunteers, against any claim by or on behalf of the Youth as a result of the Youth's participation in the activities and/or being transported to or from the same, which transportation I hereby authorize.

I accept full responsibility for all actions of the Youth during or arising out of the Youth's participation in Harmony University. In the event of any medical emergency involving the Youth, I hereby authorize the Harmony University staff to obtain, provide, give consent or furnish authorization for any necessary emergency medical services or treatment to the Youth, including (but not limited to) surgical procedures which may be recommended by a duly licensed Doctor of Medicine or Doctor of Dentistry, it being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible after a need arises.

Date: Signature

Parent/Guardian Name (Print):