

Release Form

I hereby authorize the Metropolitan Area Youth Symphony (MAYS) to release my participating student's photograph and name to the news media and to record my participation in any musical endeavor with the MAYS.

Additionally, I give permission to the MAYS staff to authorize medical treatment for my child in case of an emergency during participation in any MAYS event or activity.

Parent or Guardian Release

I agree that neither I, my child, nor anyone acting on my child's behalf will sue the Metropolitan Area Youth Symphony, MAYS directors, officers, employees or agents for or on account of personal injury, loss of health, loss of property, inconvenience, delay, or other damage sustained directly or indirectly by my child resulting from my child's participation in the Metropolitan Area Youth Symphony, and I agree to Hold Harmless and indemnify the MAYS and said other persons from and against any and all liabilities and expenses which MAYS may incur in respect to any claim, suit, or cause of action on account of any such injury, loss, or damage. In case any provision of this release shall be invalid, the validity and enforceability of the remaining provisions shall not be affected or impaired.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Please sign and return this form to:

Metropolitan Area Youth Symphony

P.O. Box 2055

Goldenrod, Florida 32733

407-761-5170