



P.O. Box 1274
Crescent City, CA 95531
WildRiversSymphony@gmail.com

Wild Rivers Symphony Volunteer Form (Adult Side)

Name _____ Email _____

Address _____ City _____

Phone _____ Cell _____

Instrument(s) _____ Music Folder # _____

If you are under age 18, have your guardian complete the back side of this page. Thanks!

Covid-19 Protocol

I have received a copy of the Wild Rivers Symphony and Youth Orchestra Covid-19 Policy and agree to abide by the requirements. I will provide documentation that I have been fully vaccinated before I will be allowed to participate in rehearsals, performances and other sanctioned events.

Photo/ Video/Audio Release Agreement

I hereby authorize the Wild Rivers Symphony to record, film or take photographs of me and authorize their use and/or posting for the purposes of instruction, grant reporting and/or public outreach. I further agree that my participation in the recording confers upon me no rights of ownership or rights of remuneration whatsoever. I release the Wild Rivers Symphony, its Board of Directors, and personnel from liability for any claims by myself or any third party in connection with my participation in the above recording in perpetuity.

Medical Consent and Release of Liability

I understand that I am responsible for any damage to property or persons resulting from my actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission to call for emergency medical services in the event they are deemed appropriate for me. I agree that neither the Wild Rivers Symphony (WRS), its Board of Directors nor any of its personnel shall have any liability for illness or injury to myself during rehearsals, performances or any other WRS sanctioned event.

Emergency Contact Info: _____

Allergies or special medical conditions (optional): _____

Signature: _____ **Date:** _____



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The person under age 18 named: _____ has my permission to participate in the Wild Rivers Symphony and/or its Youth Orchestra rehearsals, performances, and other sanctioned events.

Parent/Guardian _____ Email _____

Address _____ City _____

Phone _____ Cell _____ Relationship to Child _____

Covid-19 Protocol

I have received a copy of the Wild Rivers Symphony and Youth Orchestra Covid-19 Policy and agree to abide by the requirements. I will provide documentation that my child has been fully vaccinated before they are allowed to participate in rehearsals, performances and other sanctioned events.

Student Photo/ Video/Audio Release Agreement

I hereby authorize the Wild Rivers Symphony to record, film or take photographs of my son or daughter and authorize their use and/or posting for the purposes of instruction, grant reporting and/or public outreach. I further agree that my participation and that of my son and/or daughter in the recording confers upon us no rights of ownership or rights of remuneration whatsoever. I, individually and on behalf of my minor son and/or daughter, release the Wild Rivers Symphony, its Board of Directors, and personnel from liability for any claims by us or any third party in connection with our participation in the above recording in perpetuity.

Medical Consent and Release of Liability

I understand that I am responsible for any damage to property or persons resulting from my child's actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission to orchestra personnel to call for emergency medical services in case I or the emergency contact person cannot be reached and even before contacting me when deemed appropriate. I agree that neither the Wild Rivers Symphony, its Board of Directors nor any of its personnel shall have any liability for illness or injury to my child. I understand that when the welfare of my child, other students, symphony property, or equipment is jeopardized due to my child's behavior, my child may be dismissed and I may be required to pick them up at my own expense.

Emergency Contact Info: _____

Allergies or special medical conditions (optional): _____

Parent/Guardian's Signature: _____ **Date:** _____