



Northern Utah Youth Ensembles

2025-2026

Medical Release

This form may be used for multiple youth from the same family.

I am the Parent / Legal Guardian of _____
student's name(s) - ALL

I grant permission for my child to *participate in all rehearsals for the 2025-26 season*, as well as (but not limited to) the following activities:

- Northern Utah Youth Chamber Orchestra and Wind Ensemble Day Retreat at Honeyville Town Hall, October 11, 9 am to 4 pm
- Northern Utah Youth Symphony Retreat at Camp UTABA, October 24-25, 5 pm to 5 pm
- Northern Utah Youth Symphony Performance at Abravanel Hall, January 27th, 2026 (event time TBD)

Emergency contact numbers:

Parent/Guardian

Name _____ Relationship _____ Phone number _____

Other Contact Information _____

Other Emergency Contact (not living at the same place)

Name _____ Relationship _____ Phone number _____

Other Contact Information _____

Student Name (see following page for additional students): _____

Name and telephone number of doctor: _____

Indicate student's special **medical needs** and/or **food restrictions** (if any): _____

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____

Authorized to Treat Minor: In the event that I cannot be reached in an emergency, I hereby permit a Lake Bonneville Symphonic Society representative to call 911 and/or to contact a medical facility or physician selected by LBSS to provide proper treatment. I will be responsible for all expenses arising in association with such treatment.

Acknowledgment of Notification Regarding Risk: The activities in this orchestra season are not considered high-adventure or high-risk activities.

Indemnity and Waiver of Claim: I, the undersigned, the Parent / Legal Guardian of _____, student's name(s) - ALL hereby acknowledge that as a condition of the student participating in the activities, agree to indemnify and hold harmless the Lake Bonneville Symphonic Society, its employees and volunteers, the Northern Utah Youth Ensembles, its governing board, the individual members thereof, and all other officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above-mentioned activity.

Parent's Signature: _____ Date: _____

Student Name: _____

Name and telephone number of doctor: _____

Indicate student's special **medical needs and/or food restrictions** (if any): _____

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____

Student Name: _____

Name and telephone number of doctor: _____

Indicate student's special **medical needs and/or food restrictions** (if any): _____

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____

Student Name: _____

Name and telephone number of doctor: _____

Indicate student's special **medical needs and/or food restrictions** (if any): _____

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____

Student Name: _____

Name and telephone number of doctor: _____

Indicate student's special **medical needs and/or food restrictions** (if any): _____

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____

Student Name: _____

Name and telephone number of doctor: _____

Indicate student's special **medical needs and/or food restrictions** (if any): _____

Prescription or Over the Counter Medication: Please have students bring only the medication they need for the duration, clearly labeled, and list here what they are bringing: _____