

Allergies, Emergency Contacts & Photo/Covid Releases

Parents or legal guardians must complete this form. Please fill out the form to best of your ability. We would rather have too much information than not enough.

* Indicates required question

1. Email *

2. Student First Name *

3. Student Last Name *

4. Student Phone Number (for emergency purposes) *

5. Student Age *

Allergies

Please be descriptive with allergies. Too much information is better than not enough.

6. Does your student have allergies? (this includes, seasonal, food, environmental, insect, and other) *

Mark only one oval.

☐ Yes

☐ No

7. If your student does have allergies please describe the allergies below

8. What is the severity of allergies

9. Does/will your student need an EpiPen for emergencies? (If yes, please provide an EpiPen at rehearsals, concerts, and other events.)

Mark only one oval.

☐ Yes

☐ No

Photo/Media Release Form

I, as the parent/guardian of the above-named camper, hereby grant permission to Summerville Orchestra, the Summerville Junior & Youth Philharmonic and its representatives to use photographs, videos, and other media captured during rehearsals, concerts, and other events for the purposes outlined below:

1. Promotional Materials: I grant permission to Summerville Orchestra to use photographs/videos of my child for promotional materials, including but not limited to brochures, flyers, website content, social media posts, and advertisements related to Summerville Orchestra.
2. News Media: I grant permission to Summerville Orchestra to release photographs/videos of my child to news media outlets for news coverage related to Summerville Orchestra activities or events.
3. Internal Use: I grant permission to Summerville Orchestra to use photographs/videos of my child for internal camp purposes, such as training, staff meetings, and camp presentations.

I understand and acknowledge the following:

1. The media may be used by Summerville Orchestra and its representatives indefinitely and without any compensation.
2. Summerville Orchestra will make reasonable efforts to ensure the responsible use of media, but cannot control third-party use or distribution once released.
3. If I wish to revoke this consent in the future, I will provide written notice to Summerville Orchestra at least 24 hours in advance.

I hereby release and discharge Summerville Orchestra, its employees, representatives, and any third parties acting under its authority, from any claims, damages, or liability arising out of the use, distribution, or publication of photographs/videos of my child as described above.

10. Please type your name if you agree to the consent and authorization

Additional Pick Up/Drop Off and Emergency Contact Information

Please list the contact information for anyone who is not the emergency contact that may pick up or drop off the student.

11. Will the student be driving themselves or being transported by a parent/guardian? *

Mark only one oval.

- ☐ Driving themself
☐ Being Transported by a parent/guardian

If being transported by a parent/guardian

please put in as much information as possible. If multiple students are riding together/carpooling, please let us know that in the other section below.

12. Primary transporter/emergency contact full name *

13. Primary transporter/emergency contact phone number *

14. Primary transporter/emergency contact second phone number

15. Secondary transporter/ emergency contact full name *

16. Secondary transporter/ emergency contact phone number *

17. Secondary transporter/ emergency contact second phone number

18. Third transporter full name

19. Third transporter phone number

20. Other carpooling scenarios (please give a phone number to each scenario).

Covid Release

I acknowledge that the **Summerville Orchestra, the Summerville Orchestra Youth Philharmonic (SOYP) and the Summerville Orchestra Junior Philharmonic (SOJP)** cannot guarantee that I or my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of being exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, my child, and others whether intentional or not.

I agree to allow my child to participate in this activity (SOYP or SOJP) and acknowledge that they are increasing their risk of exposure to the Coronavirus/COVID-19. I acknowledge that they must comply with all set procedures to reduce the spread while attending the activity. (The SOYP and SOJP will follow Summerville Orchestra and Dorchester District Two Covid policies. Should those policies change, the SOYP and SOJP will remain in compliance of those policies.)

By signing, I hereby release and agree to hold the **Summerville Orchestra**, its officers, conductors and members harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act by the organization, or that may otherwise arise in any way in connection with any participation in the **Summerville Orchestra Youth Philharmonic or the Summerville Orchestra Junior Philharmonic**. I understand that this release discharges the **Summerville Orchestra, the SOYP and the SOJP** from any liability or claim that I, my heirs, or any personal representatives may have with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to participation in **Summerville Orchestra, SOYP and SOJP** activities. This liability waiver and release extends to the **Summerville Orchestra, SOYP and SOJP** together with all its officers, conductors, and members.

I agree to the COVID Policy (please type full name below, must be completed by a parent)

21. Parent/Guardian's First and Last Name:

Additional Concerns/Information

22. Please let us know if there are any other concerns or information that we should know about prior to arrival.

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