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**Medical/Photo Release Form
(CONFIDENTIAL)**

Chorister Name _____ Date of Birth _____

Insurance Company _____ Policy No. _____

Physician _____ Phone _____

Current Medication(s):	Reason(s) for Taking:
_____	_____
_____	_____
_____	_____

Recent Injury/Illness/Surgery:

Medical Conditions (check any that apply):

Asthma Allergies Diabetes Heart Problems Other

Comments:

Release & Indemnity Agreement

I hereby give permission for the aforementioned chorister to attend and participate in Alaska Youth Choir activities and rehearsals. I hereby agree to hold harmless and release from liability the Alaska Youth Choir and any representative thereof for any action, claim, or damage that may arise as a result of his/her participation in choir activities. I hereby agree to comply with all rules and restrictions governing him/her set forth by Alaska Youth Choir and explained in the Handbook. I hereby give my permission for any authorized representative of Alaska Youth Choir to obtain service of and/or advice from an available physician or other medical personnel for him/her in case of illness or injury, including any necessary transportation for such emergency care. I hereby agree to assume ALL responsibility for any costs as a result of such medical care.

Parent/Guardian Signature _____ Printed Name _____
Date _____

Photo Release

I _____, give my permission to use the above mentioned chorister's photo to help promote AYC in print, such as program brochures and performance programs, or on the AYC website and any future Alaska Youth Choir publications. Full names of children will never appear along with photographs in print or on the website.

Parent/Guardian Signature _____ Printed Name _____
Date _____