



La Crosse Area Youth Symphony Orchestras

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Liability Release Form 2011-2012 Season

I, the parent or guardian of the below-named child/ward, give my permission for his/her participation in all activities, rehearsals and performances of the La Crosse Area Youth Symphony Orchestras (LYSO).

I hereby release and discharge the LYSO, its agents, directors and volunteers who participate in or conduct activities on behalf of the LYSO from all claims, demands or actions which the parent or guardian's heirs, executors, administrators or assigns may have, against the LYSO, its successors or assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by the LYSO, including, but not limited to, scheduled activities, rehearsals and performances for the 2011-2012 season.

I hereby authorize the La Crosse Area Youth Symphony Orchestras or its agents or volunteers to take my child/ward to the nearest available physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical facility to treat my child/ward.

I, the parent or guardian, have read this release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Name of Child: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Does this child have any disabilities, handicaps, present injuries or limitations, asthma, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition?
Yes () No () (If yes, please explain on the other side of this form.)

Insurance Company: _____ **Policy #** _____

Date of last Tetanus Shot: _____ If you wish your family doctor contacted in case of emergency:

Physician's Name _____ Phone _____

Parent/Guardian: Name _____ **Phone** _____

If there is an emergency and I cannot be reached, please contact:

Alternate Contact: Name _____ **Phone** _____

WHO IS HEREBY AUTHORIZED TO ACT IN MY BEHALF.

Signature: _____ **Date:** _____

Parent or Guardian