

## Western Connecticut Youth Orchestra, Inc. 2020-2021 Commitment, Waiver and Consent Form

**Please complete and sign all sections and return to WCYO, P.O. Box 964, Ridgefield, CT 06877  
OR send scanned copy to [wcyo@wctyo.org](mailto:wcyo@wctyo.org)**

Musician's Name: \_\_\_\_\_

Musician's Age: \_\_\_\_\_ Musician's Date of Birth: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent(s)/Guardian(s) Cell Phone #(s): \_\_\_\_\_

Parent(s)/Guardian(s) Email(s): \_\_\_\_\_

Musician Cell Phone #: \_\_\_\_\_

Musician Email: \_\_\_\_\_

Private Teacher's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### COMMITMENT AGREEMENT

I, \_\_\_\_\_, agree to become a member of the Western Connecticut Youth Orchestra, Inc. (WCYO). I have read the *Handbook for Musicians & Families* with my parent(s)/legal guardian(s), and I will abide by all its terms. Further, I agree to bring the highest level of commitment and responsibility to my participation in the WCYO.

**Musician's Signature:**

**Date:**

\_\_\_\_\_

**Parent(s)/Legal Guardian(s) Signature(s):**

**Date:**

\_\_\_\_\_



The Western Connecticut Youth Orchestra Symphony Orchestra, String Ensemble and Wind Ensemble are herein referred to collectively as WCYO for purposes of the following. The Release and Waiver require a parent signature for children age 18 years old and under. The Emergency Contact Information and Medical Consent should be completed fully and signed by the parent(s)/guardian(s), regardless of the age of the child.

**Photo/Video/Audio Release**

I (I/we) understand that I (my/our child), \_\_\_\_\_, as a member of the WCYO, may be photographed, videotaped, or recorded during normal orchestral activities including but not limited to concerts, rehearsals, retreats, trips and fundraisers and these photographs/videos/audio recordings may be used on the WCYO website, in newspapers, or in promotional and recruiting materials. Any and all promotional materials, including but not limited to photographs, videos, and audio recordings, become the exclusive and sole property of the Western Connecticut Youth Orchestra, Inc. I (I/we) give permission for my (my/our child's) image to be used in this manner.

**Liability Waiver**

I (I/we, the parent/s or legal guardian/s of the minor child), \_\_\_\_\_, a member of the WCYO, do hereby release and hold harmless the Western Connecticut Youth Orchestra, Inc. and its trustees, agents, officers, servants, directors and employees against all loss (including reasonable attorneys' fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of me (my/our minor child) or by me (me/us) arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by me (my/our minor child) or by me (me/us) arising out of or in connection with my (my/our minor-child's) participation in WCYO events, rehearsals, and performances. I (I/we) understand that WCYO events, rehearsals, and performances may take place outside of Ridgefield, Connecticut, and I (I/we) consent that I (my/our minor child) shall be allowed to travel and/or be transported to such events.

**Musician's Signature:**

**Date:**



**Parent(s)/Legal Guardian(s) Name(s):**

**Parent(s)/Legal Guardian(s) Signature(s):**

**Date:**



6/25/2020

**Emergency Contact Information and Medical Consent**

Please fill out the medical and emergency contact information below in the event medical attention is required and a parent/guardian is unavailable.

Musician's Name: \_\_\_\_\_

Emergency Contact: Names & Telephone Numbers (if parent(s)/guardian(s) is unavailable)

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Taken by Musician: \_\_\_\_\_

Please Explain Medications: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Telephone # of Insurance Provider: \_\_\_\_\_

If my/our child should suffer an injury or illness during a WCYO event, rehearsal, trip, or performance, I/we authorize the agents of the WCYO to use their discretion to transport or to have my/our child transported to any medical facility and hereby give consent, in my/our absence, to have my/our child treated at any medical facility, and I/we take full responsibility for that action.

Parents'/Legal Guardians' Name(s):



\_\_\_\_\_

Parents'/Legal Guardians' Signature(s):

Date:



\_\_\_\_\_

**Western Connecticut Youth Orchestra, Inc.**  
**Code of Conduct Form**

Every person participating in any activity as a member of the Western Connecticut Youth Orchestra, Inc. (WCYO) organization is expected to read, understand and strictly observe this Code of Conduct at all times while participating in WCYO events including rehearsals, concerts, retreats, and other events and trips. Members include youth musicians, Music Director, Conductors, Executive Director, WCYO Board of Directors, coaches, guest conductors and musicians, chaperones, volunteers and staff.

These rules of conduct have been established:

- To provide an appropriate environment for WCYO activities and participants.
- To provide each youth musician the right to fully benefit from their experience with the WCYO in an effective learning, teaching and performing environment.
- To enable all WCYO ensembles to perform up to their full capabilities.

**RULES:**

1. Each person must conduct themselves respectfully toward WCYO leaders, youth and adult musicians, parents and chaperones, musical instruments, the rehearsal and concert venues, and audience members.
2. Illegal activity at any WCYO event is prohibited.
3. Possession, consumption or provision of alcohol to others by persons under the age of 21 is prohibited. Additionally, legal drinkers are to refrain from possessing and consuming alcohol at WCYO rehearsals, concerts, retreats, and other trips.
4. Possession, use or provision of illegal drugs to others is prohibited. This includes the misuse of prescription and nonprescription drugs.
5. Possession of or use of tobacco products by persons under the age of 18 is prohibited. We ask legal smokers to provide our musicians with a smoke free environment and refrain from smoking in rehearsal, concert and living environments and in the presence of the WCYO musicians.
6. Possession of weapons and/or use of any object to threaten or intimidate another person is prohibited.
7. Each person will be treated with dignity and respect at all times. Bullying is prohibited. Sexual harassment is prohibited.
8. Possession or viewing of objectionable printed, electronic or recorded material is prohibited.
9. Risky or unsafe behavior by participants that will affect participants or others is prohibited.
10. Any person who is caught in the presence of prohibited activity as listed above will be subject to disciplinary action, up to and including the possibility of suspension or expulsion from the WCYO organization.
11. Every participant shall observe any additional rules communicated by WCYO leadership, staff and chaperones at rehearsals, concerts, retreats and other trips.

Violation of these rules will result in immediate disciplinary action as deemed appropriate by the WCYO Executive Director, Music Director and Board of Directors and may include suspension or expulsion from the WCYO and/or police notification. The decisions of the WCYO Executive Director, Music Director and Board of Directors are final.

**RELEASE OF LIABILITY:** The undersigned releases the Western Connecticut Youth Orchestra, Inc. (WCYO), its employees and its Board of Directors from any claims of liability for personal injury or loss of property as a result of any negligence on the part of WCYO, its employees or Board of Directors in the conduct of the WCYO activities and participation of the undersigned in such activities.

(OVER)

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS CODE OF CONDUCT.

I PLEDGE TO BEHAVE IN ACCORDANCE WITH THIS CODE OF CONDUCT.

<i>Name (please print)</i>	<i>Date</i>	<i>Signature</i>
----------------------------	-------------	------------------



<i>* Name of parent/guardian</i>	<i>Date</i>	<i>Signature of parent as witness and to acknowledge support of this Code</i>
----------------------------------	-------------	---



*\* Parent/guardian signature is required if this form is for a musician 18 years of age or younger.*

Please check one:

- Youth Musician
- Music Director
- Conductor
- Executive Director
- Board Member
- Coach/Guest Conductor or Musician
- Chaperone
- Volunteer
- Staff
- Other \_\_\_\_\_

**COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any in-person program, event, or activity sponsored or authorized by Western Connecticut Youth Orchestra, Inc., I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to, directly or indirectly, arising out of, contributed to, by, or resulting from an outbreak of any and all communicable diseases, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WESTERN CONNECTICUT YOUTH ORCHESTRA, INC.** and their respective officers, officials, agents and/or employees, other participants, sponsors, and if applicable, owners and lessors of premises used to conduct any program, event, or activity (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_

Participant's/Staff Signature (if over 18)

Age

Date

Participant's Name: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for said participant and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.



X \_\_\_\_\_

Parent/Guardian Signature

Date

Emergency Phone Number(s)

Child's Name: \_\_\_\_\_



## INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#).<sup>1</sup> Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.



\_\_\_\_\_  
Signature of Staff or Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

<sup>1</sup> Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.