

**So. AZ Youth in Harmony Festival
September 16, 2017**

Parental Permission & Emergency Medical Form

_____ has my permission to participate in the Harmony Festival
(Participant's Name)

on September 16, 2017 at Sahuaro High School and I hereby authorize the Festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

_____ () _____
Parent or Guardian (please print clearly) Phone Number Date

The participant will be traveling to and from the event with (check one):

() Parent or Guardian _____
signed (parent or guardian) (print name)

() Other Adult Supervision _____
signed (responsible adult driver) (print name)

() Student is authorized to drive alone _____
signed (parent or guardian) (print name)

Special Medical Information (optional) - Please make us aware of any special medical conditions:

Parent Permission Form

I hereby give permission to Sahuaro High School (the School) and the Festival sponsors to allow my son or daughter, _____, to be photographed, videotaped and/or interviewed at the So. AZ Youth in Harmony Festival, Saturday, September 16, 2017 at Sahuaro High School for the purpose of promoting future Youth Festivals.

The Festival sponsors are: the Tucson Sunshine Chapter, Barbershop Harmony Society and the Tucson Desert Harmony Chorus, Sweet Adelines International.

My son or daughter and I shall forever waive and release any claim we may have against the School and the Festival sponsors arising from the photographs and/or videotape whether known or unknown, and shall hold the School and the sponsors and any successor or successors in interest harmless from the same.

Signature of Parent or Guardian Date

_____ (Telephone number)