



**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:

\_\_\_\_\_  
\_\_\_\_\_

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**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)