SYMPHONY HEB

Minor Participant Guardian Consent & Acknowledgment

This form must be completed by a parent or legal guardian for any participant under the age of 18 taking part in a Symphony HEB rehearsal, performance, class, or event.

Participant Information

Participant Name: _____ Date of Birth: _____

1. Consent to Participate

I am the parent or legal guardian of the minor named above ("Participant") and I give permission for the Participant to take part in Symphony HEB programs and events, including related rehearsals and activities.

2. Assumption of Risk & Release

I understand that participation may involve activities such as extended rehearsal time and being in the presence of large audiences and equipment. I release Symphony HEB, its board, staff, volunteers, and agents from liability for any injury, loss, or damage arising from the Participant's involvement, except to the extent caused by gross negligence or willful misconduct.

3. Photo, Video & Media Use

I consent to Symphony HEB photographing and/or video or audio recording the Participant during the program or event, and to the use of the Participant's name, likeness, and voice in materials including the Organization's website, social media, printed programs, press releases, and fundraising materials, without compensation. I may revoke this media consent in writing at any time for future use; this will not affect previously published materials.

4. Emergency Medical Authorization

In the event I cannot be reached, I authorize Symphony HEB staff or volunteers to seek emergency medical treatment for the Participant, including transport to a medical facility. I understand Symphony HEB will attempt to contact me as soon as possible.

5. Code of Conduct

I understand the Participant is expected to follow Symphony HEB's policies and the directions of staff, and that Symphony HEB may dismiss a participant from the program for unsafe or disruptive behavior.

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Guardian Acknowledgment & Signature

By signing below, I confirm that I am the parent or legal guardian of the Participant, I have read and understood this form in full, and I agree to its terms on behalf of the Participant.

Guardian Printed Name: _____

Guardian Signature: _____

Email: _____ Phone: _____

Date: _____