



Participant's Name (please print): _____

Participation Agreement and Media Release, Youth Orchestras of Fresno

Participation and Attendance

I understand that I am an essential component of the Youth Orchestras and that my contribution to the group is highly valued. For this reason my presence is required at all rehearsals and concerts. I understand that it is my responsibility to check my schedules for conflicts and to report anticipated absences at least two weeks in advance (anticipated absences would include school concerts, college visits, family vacations, etc.). I also understand that I am allowed a maximum of 2 absences per semester, and that I may not miss any dress rehearsals or concerts.

Behavior

I agree to be a good team member, supportive of other musicians and respectful of coaches and conductors. I understand that I must arrive at least ten minutes prior to rehearsal start time so I can unpack and warm up before the conductor gives the downbeat.

Placement and Seating

I agree to accept as final the conductor's decisions regarding my ensemble and seating placement. I understand that music is a collaborative experience and that the whole point is to work together toward a common (and beautiful) goal. I also understand that we can all, as conductor Benjamin Zander puts it, *lead from any chair*.

Photography/Videotaping

I, the undersigned (or undersigned parent/legal guardian, if participant is under 18 years of age), fully understand that photos and videos may be made during the course of YOOF activities, and that images may be used for internal, archival, educational, and/or promotional purposes. I give permission for use of my/participant's image and/or voice or other performance by the Youth Orchestras of Fresno without any compensation to me or my child/ward.

Medical Consent (required for those under 18 years of age)

I, the undersigned parent or legal guardian, understand that there are some risks inherent in the activities that are included in YOOF programs, but I willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

Agreement

As a member of the Youth Orchestras of Fresno organization, I am aware that I have responsibilities to my fellow musicians as well as to the coaches, conductors, parent volunteers, and other staff members associated with YOOF. I know that I must also be respectful of the facilities where we rehearse and perform. I have read and agree to abide by the policies described above, and I understand that there is a release contained in this document.

AGREED AND ACCEPTED BY

Name of Participant: _____

Participant Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(for participants under 18 years of age)

Print Parent/Guardian Full Name: _____