



**Sponsor Agreement and
Emergency Medical Information for Minor Child
(to be completed by parent/guardian)**

Date(s) of Event: _____

I, _____ parent/guardian of _____
who participates in the _____, sponsored by
_____ Chapter of Sweet Adelines International, hereby give
permission for (sponsor name) _____, to act as participant sponsor
so that minor child can attend and participate in:

Name of Event: _____ Event Date: _____

I understand that I (parent/guardian) shall be legally and financially responsible for child's participation in YWIH events, including but not limited to rehearsals, performances, regional and international events, coaching sessions, fundraising, and social activities as well as any other activities that may arise.

In the event of a medical emergency, I give permission to the physician selected by the sponsor or YWIH chorus to provide all necessary and appropriate medical care to the minor child including but not limited to hospitalization, injections, anesthesia, and surgical procedures.

I agree to provide the sponsor with an Emergency Medical Information for Minor Child form approved by the sponsoring chorus prior to participation in the event.

I agree to release Sweet Adelines International Corporation and any and all of their agents from any and all liability arising from or in any manner related to transportation to, attendance at, or participation in any event.

_____ Date: _____

Parent/Guardian signature

I agree to act as sponsor of the above-named minor according to the terms and limitations described herein.

_____ Date: _____

Sponsor signature



Emergency Medical Information for Minor Child

1. Minor's Name: _____ Date of birth: _____
2. Parent/guardian name: _____
Address: _____
Telephone: _____
3. Alternate emergency contact name: _____
Address: _____
Telephone: _____
4. Physician's name: _____
Address: _____
Telephone: _____
5. Dentist's name: _____
Address: _____
Telephone: _____
6. Insurance Company: _____
Policy No: _____
Group No: _____
Name of Insured: _____
Telephone: _____
7. Does minor child have any allergies? _____
If yes, describe: _____
8. Does Youth Member have restrictions on activities? _____
If yes, describe: _____
9. Does Youth Member have any other medical conditions of which we should be aware?
If yes, describe: _____

10. Does Youth Member take any medications of which we should be aware? _____
If yes, describe: _____

11. Blood Type: _____



Sweet Adelines International Release of Claims

I agree and acknowledge that I am participating in the _____ ("Event") on my own accord. I give this acknowledgement freely and knowingly and I represent and warrant to you that I am physically and mentally fit and that, as a result, able to participate, and I do hereby assume responsibility for my own well-being.

I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event.

In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against the Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Event.

I further agree to indemnify, defend, and hold harmless Sweet Adelines, International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Event.

Signed: _____

Print Name: _____

Date: _____

If under 18 years of age:

Parent/Guardian Signature: _____

Parent/Guardian Name Printed : _____

Date: _____

Please return to _____ no later than _____ to retain on file.