



Membership Agreement / Authorization

Instructions: All members should complete this form. If you are under the age of 18, your parent or legal guardian must sign with you, unless you are emancipated from your parents.

Participant's Name (Please Print Full Name):

I, the undersigned participant, wish to participate (or, if under 18, parent/legal guardian of the above-named participant gives permission for the above-named to participate) in all activities of Mosaic Youth Chorus, including but not limited to, singing in concerts in public locations and wearing of Mosaic Youth Chorus logo clothing.

If I am a passenger in a private motor vehicle (or, if under 18, my child has my permission to be a passenger in a private motor vehicle) driven by Rocky Mountain Arts Association or Mosaic Youth Chorus staff or volunteers, I understand that Rocky Mountain Arts Association / Mosaic Youth Chorus is not liable for any damages/injury arising from the operation of said private motor vehicle, and that Rocky Mountain Arts Association / Mosaic Youth Chorus does not carry insurance to cover damages/injury arising from or related to the operation of any motor vehicle. I understand that it is the responsibility of the owner of any motor vehicle in the state of Colorado to carry their own insurance with appropriate coverage. Mosaic Youth Chorus members may choose to ride in a private motor vehicle of other Mosaic Youth Chorus members, and do so at their own risk and in compliance with Colorado state law regarding minor drivers.

I give my approval (or, if under 18, parent/legal guardian of the above-named participant gives approval) to be documented by audio, video and still photography for publicity and documentary purposes and for use on the Mosaic Youth Chorus website and/or MySpace and Facebook sites. I waive all rights to wages or royalties that might otherwise be expected as a result of the creation and use of these recordings and images.

Signature: _____ Date: _____

If under 18:

Parent/Legal Guardian Name (Please Print): _____

Signature: _____ Date: _____



Medication and Treatment Authorization

Instructions: All members should complete this form. If you are under the age of 18, your parent or legal guardian must sign, unless you are emancipated from your parents.

Please Print!

Full Name: _____ Birth Date: ____ / ____ / ____

If under 18, Parent or Legal Guardian's Name: _____

If you have health insurance:
Insurance Company: _____ Group Number: _____
Policy Number: _____ Phone Number: _____
Policy Holder's Name: _____

Physician: _____ Phone Number: _____

Please list any special health problems, food or other allergies and expected reactions:

Please list any medications being taken:

I give my permission for dispensing over the counter medicines (Tylenol, Tums, Ibuprophen, etc.) as deemed necessary by Rocky Mountain Arts Association / Mosaic Youth Chorus staff or volunteers:
 Yes **No**

In the unlikely event that the participant becomes ill or is injured and the parent/guardian or the authorized physician named above cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff or volunteers of Rocky Mountain Arts Association / Mosaic Youth Chorus, immediate observation or treatment is necessary, I authorize and direct that the participant be sent (properly accompanied) to the hospital or physician most easily accessible. I release Rocky Mountain Arts Association / Mosaic Youth Chorus from any claim of liability in connection therewith.

Member Signature (if under 18: Parent or Legal Guardian) Date: ____ / ____ / ____

