

2018 SWACDA GRADED HONOR CHOIR MEDICAL/LIABILITY WAIVER

March 7-10, 2018 Oklahoma City, OK

PLEASE PRINT

Participant's name _____ (Last) (First) (Middle Initial) () - _____
(Parent/Legal Guardian Cell Phone #)

Participants Health Insurance Co. _____ (Name) (Policy number)
You are encouraged to photocopy your Insurance Card. and submit with this form

Participant is currently taking the following prescription medication(s): *Please list any additional prescriptions on back.*

Prescription Name _____ Frequency _____ Dosage _____
Medical reason _____
Prescription Name _____ Frequency _____ Dosage _____
Medical reason _____

List any other over the counter medications you might be taking: _____

Known allergies _____

My physician's name _____ (Last) (First) () - _____
(Office Phone)

Address of physician _____ (Street) (City) (State) (Zip)

If the participant listed above should require medical attention while participating in the SWACDA Graded Honor Choir March 7-10, 2018 in Oklahoma, City, OK. The designated Honor Choir Chair, Jeff Sandquist (Honor Choir Coordinator), and the designated chaperone (if other than parent) has my permission to treat onsite or take said child (listed above) to a doctor, hospital, or any other medical facility for necessary medical treatment.

LIABILITY WAIVER: I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA" or SWACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participating in the 2018 SWACDA Graded Honor Choir at the SWACDA Conference March 7-10, 2018 in Oklahoma City, OK. Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon him/her taking proper care of self. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in the 2018 SWACDA Honor Choir; therefore, I assume all risks related to participation in the 2018 SWACDA Graded Honor Choir. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students, agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my child's participation in the 2018 SWACDA Graded Honor Choir at the 2018 SWACDA Conference March 7-10, 2018 in Oklahoma City, Ok..

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the state of Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the state of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the state of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

(Name of Parent or Legal Guardian PLEASE PRINT) (Signature of Parent or Legal Guardian) *

Signed in my presence this _____ day of (month & year) _____.

Witness my hand and seal this _____ day of (month & year) _____

Notary Public: _____

My Commission expires: _____/_____/_____ Notary Seal:

****This is not a legal document without the signature and seal of a Notary Public!!!***

SWACDA 2018 GRADED HONOR CHOIRS CODE OF CONDUCT

Please read, sign, and date this form. Send it to: Jeff Sandquist. 10700 Davidson St. Rolla, Mo 65401

**Deadline: December 1, 2017 for; Code of Conduct, Notarized Medical/Liability Waiver,
and Release and Authorization to Photograph/Record.**

The SWACDA Honor Choirs are intended to be a wonderful musical and educational experience for all of those involved. The SWACDA Honor Choirs are organized and run by volunteer choral directors who believe in the value of this experience, and care enough to take time out their own lives in order to provide this opportunity for the singers in the honor choirs. The highest standards of musicality and behavior are the expectation for the singers, chaperones, parents, and directors involved in this experience. **ALL** singers selected as members of the SWACDA Honor Choirs, and their respective Chaperones and Directors must agree to support and follow the standards outlined in this CODE OF CONDUCT.

1. Learn your music BEFORE your arrival in Oklahoma City. Use the rehearsal tracks AND meet with your director.
2. Do not leave the hotel without a chaperone.
3. Each individual is responsible for his/her own personal possessions; e.g. phones, tablets etc.
4. Singers must remain reasonably quiet at all times while in hotel rooms and public spaces in the hotel. Any sound must be at low levels. Please use headphones or ear buds.
5. In-room times and lights out times are printed in the honor choir schedules and must be followed. The schedule is very intensive. Singers must be in their rooms at this time, and may not leave them after this time.
6. A chaperone must be present any time boys or girls visit each other's rooms.
7. Possession or use of tobacco, alcoholic beverages, or controlled (drugs or illegal materials) will not be tolerated. *Violation is grounds for immediate dismissal from the Honor Choir.*
8. SWACDA Honor Choir Chairs and Chaperones reserve the right to inspect hotel rooms and luggage.
9. Please list all prescribed medications on the notarized health form. These forms may be updated at any time by contacting your honor choir chair.
10. ON TIME Attendance at all rehearsals and the performance is mandatory. The only exception will be for singers performing in another choir appearing at the convention to miss a rehearsal. Arrange in advance.
11. Be early for all rehearsals and honor choir activities.
12. Students will be expected to be on their best behavior at all times. Inappropriate behavior in or outside of rehearsals will not be tolerated.
13. Appropriate attire is expected at all rehearsals and honor choir events. Please do not wear sun glasses, hats or caps, in rehearsals or concerts.
14. Cell Phones must be turned off AND out of sight during ALL rehearsals and concerts.

ANY INFRACTION OF THE ABOVE RULES CONSTITUTES GROUNDS FOR THE SINGER'S DISMISSAL FROM THE SWACDA HONOR CHOIR BY THE HONOR CHOIR COORDINATOR.

We have read and agree to abide by the SWACDA Honor Choirs Code of Conduct.

Singer's Signature _____ Date ___/___/___

Singer's Name (please print) _____

Honor Choir (check one) ___5-7 Treble ___7-10 Men ___8-10 Women ___11-12Mixed

Parent/Guardian Signature _____ Date ___/___/___

Director's Signature _____ Date ___/___/___

RELEASE AND AUTHORIZATION TO PHOTOGRAPH, RECORD AND REPRODUCE EVENT:
2018 SWACDA Honor Choirs DATES: March 7, 8, 9, 10, 2018 in Oklahoma City, OK

In consideration of the acceptance of my participation in the Event described above, I agree to the following:

I grant the ACDA/SWACDA the right and exclusive license to make, edit and modify, use and re-use, reproductions, photographs, and recordings (audio, visual and audio-visual) of the likeness, voice and sounds of me at the Event, as well as my name and biographical information, in any manner the ACDA/SWACDA may desire, in all forms and media, whether now known or hereafter devised, through-out the universe, in perpetuity, without the need to obtain further authorization or consent from myself, without additional compensation to myself or subject to any condition, reservation or limitation whatsoever (collectively, the "Reproduction Rights"). The ACDA/SWACDA shall not have any obligation to exercise or exploit any of the Reproduction Rights nor shall the ACDA/SWACDA have any obligation to accord me any credit in connection to any use of the Reproduction Rights. Each photography, videotape, recording or other work, created by or resulting from the making, editing, modifying, re-use, exercise or exploitation of the Reproduction Rights shall be a work for hire, the ACDA/SWACDA shall be deemed the sole owner of all Reproduction Rights, including any copyright and/or trade-mark rights (and all related applications, registrations and renewals) and, without limiting the foregoing.

I agree to comply with any Event rules or other directions or instructions given to me by the ACDA/SWACDA. As used in this release and indemnity agreement (this "Agreement"), "the ACDA" shall mean the American Choral Directors Association and all its subsidiaries, components and representatives. I represent and warrant to the ACDA/SWACDA that I am 18 years of age or older and that I have the full right, power, capacity and authority to execute this Agreement on behalf of myself and, if applicable, as the parent/legal guardian of any minor child(ren) identified below for the purposes of this Agreement. I acknowledge that I shall not receive, or be entitled to receive, any payment, compensation or consideration in connection with the Event, this Agreement, or the ACDA's exercise of the Reproduction Rights it being understood that the ACDA is relying on this Agreement as a material inducement in accepting my participation. No union, guild or any other such association or group has the jurisdiction over this Agreement or my participation in the Event and this Agreement shall not be submitted to, or subject to, certification or approval by any such organization.

The ACDA's rights, including Reproduction Rights, shall be free of any residual impairment, obligations or costs. This Agreement shall be binding upon me and my heirs, personal representatives and assigns, and shall be governed by the laws of the State of Oklahoma without regard to conflicts of law principles. This Agreement constitutes the entire agreement among the parties with respect to the subject matter of this Agreement and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter. I hereby consent, agree to and ratify the terms of this Agreement as the parent/legal guardian of the minor child(ren) identified below, in which case "I," "me," "my," and "myself" as used herein shall jointly and severally refer to said minor child(ren) and me as the parent/legal guardian of such child(ren) and, without limiting the terms of this Agreement, I will also indemnify and hold the ACDA/SWACDA harmless from any claim, liability, loss or expense of any kind arising out of any contest, challenge, disaffirmation or revocation of this Agreement.

_____/_____/_____
Signature of Parent/Legal Guardian *Month Day Year*

PRINT name of minor Event participant ___5-7 Treble ___7-10 Men ___8-10 Women ___11-12 Mixed
check one

Please sign and mail with Code of Conduct and Notarized Medical Liability Form by **Dec. 1, 2017** to:

Jeff Sandquist
10700 Davidson St. Rolla, Mo 65401