

The Evergreen District of the Barbershop Harmony Society Proudly Presents

HARMONY COLLEGE NORTHWEST

University of Puget Sound, 1500 N Warner St, Tacoma, WA 98416-1083

MINORS PARTICIPATION FORM, Part 1

Evergreen District – Barbershop Harmony Society

Minor's Name: _____ Date of Birth: ____/____/____

Parent / Guardian: _____ Date: _____

Parent / Guardian Phone: _____

Parent / Guardian Email: _____

Supervisor(s) Name(s): _____

Consent and Agreement by Parent/Guardian

I am the parent or legal guardian of the Minor (<18 years old) named above. The Minor desires and/or has applied to participate in the Activity referenced above. I acknowledge that I have received a copy of the Minor Policy Statement of the Barbershop Harmony Society (SPEBSQSA), have reviewed and understand the same, and have had the opportunity to discuss the same with persons responsible for the Activity (see below). I have also carefully reviewed and discussed the Policy Statement(s) with the Minor, particularly his/her obligations and responsibilities as a participant in the Activity. I understand that participation by the Minor is conditioned upon the consent, agreements, and other provisions contained in this document.

I hereby consent to the Minor participating in the Activity. I hereby designate the Supervisor(s) named above (if other than the undersigned Parent/Guardian) to supervise the conduct and activities of the Minor as a participant in the Activity, including (but not limited to) participation in any associated travel.

I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place and stead as a parent, to supervise the Minor as fully and completely as I might do if I were personally present, as deemed necessary and appropriate in the reasonable judgment of such Supervisor(s). I understand and agree that the failure of the Minor to accept and comply with such supervision, and/or the failure of such Supervisor(s) to provide effective supervision of the Minor, may be grounds for the denial or immediate termination of the Minor's participation in the Activity. I understand and agree that if any Chapter, District or Barbershop Harmony Society member provides such supervision, such member will be performing that function in his individual and personal capacity, and not as an agent or representative of the Chapter, District or the Barbershop Harmony Society.

I accept full responsibility for all actions of the Minor and such Supervisor(s) during or arising out of the Minor's participation in the Activity. In the event of any medical emergency involving the Minor, I further hereby authorize such Supervisor(s) to obtain, provide, give consent, or furnish authorization for, any necessary emergency medical services or treatment to the Minor, including (but not limited to) surgical procedures which may be recommended by a physician, it being my desire that the Minor be provided with such emergency medical services or treatment as soon as reasonably possible, after a need arises.

Harmony College NW Co-Deans: Carl Van Hoff (509-375-1450) and Judy Galloway (541-490-2481).

Parent/Guardian Signature: _____

Printed Name: _____ DATE: ____/____/____

Signed copy of Form to be retained in Chapter/District file Evergreen District Harmony College Northwest

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MINORS PARTICIPATION FORM, Part 2

Evergreen District – Barbershop Harmony Society

Minor [Name]: _____ Date of Birth: ___/___/___

Activity: Harmony College Northwest, Year _____

Parent / Guardian: _____ Date: _____

Supervisor(s) [Name(s)]: _____

Acceptance of Responsibility by Supervisor(s)

I, the Supervisor (s) named and designated above, hereby accept responsibility for, and agree to perform, the supervision of the conduct and actions of the Minor as a participant in the Activity. I understand that my responsibility shall cover all aspects of the Minor's participation in the Activity, including (but not limited to) participation in any associated travel. I agree that my responsibility shall continue for the entire duration of the Activity, or until I rescind this Acceptance by written notice to the Chapter, District, or Barbershop Harmony Society officer (or designated representative) in charge of the Activity. I understand that my failure to provide effective supervision of the Minor, or my rescission of this Acceptance, may be grounds for the denial or immediate termination of the Minor's participation in the Activity. [If more than one Supervisor is named, the foregoing statements and agreements are separately made by, and shall separately apply to, each.]

Supervisor Signature: _____

Printed Name: _____ DATE: ___/___/___

Supervisor Signature: _____

Printed Name: _____ DATE: ___/___/___

Acknowledgment by Minor

I, the Minor named above, understand that my participation in the Activity is conditioned upon the supervision of my conduct and actions by the Supervisor(s) named above. I understand that my failure to accept and comply with such supervision, or the failure of such Supervisor(s) to provide the same, may result in the denial or immediate termination of my participation in the Activity.

Minor Signature: _____

Minor Printed Name: _____ DATE: ___/___/___