



**So. AZ Youth in Harmony Festival  
September 10, 2011**

**Parental Permission & Emergency Medical Form**

\_\_\_\_\_ has my permission to participate in the Harmony Festival  
(Participant's Name)

on September 10, 2011 at Flowing Wells HS and I hereby authorize the festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

\_\_\_\_\_  
Parent or Guardian (please print clearly)      (      )      \_\_\_\_\_  
Phone Number      Date

The participant will be traveling to and from the event with (check one):

Parent or Guardian \_\_\_\_\_  
signed (parent or guardian)      (print name)

Other Adult Supervision \_\_\_\_\_  
signed (responsible adult driver)      (print name)

Student is authorized to drive alone \_\_\_\_\_  
signed (parent or guardian)      (print name)

Special Medical Information (optional) - Please make us aware of any special medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

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**Parent Permission Form**

I hereby give permission to Flowing Wells High School and the Festival sponsors to allow my son or daughter, \_\_\_\_\_, to be photographed, videotaped and/or interviewed at the So. AZ Youth in Harmony Festival, Saturday, September 10, 2010 at Flowing Wells HS for the purpose of promoting future Youth Festivals.

The Festival sponsors are: the Flowing Wells School District, the Tucson Sunshine Chapter, Barbershop Harmony Society and the Tucson Desert Harmony Chorus, Sweet Adelines International.

My son or daughter and I shall forever waive and release any claim we may have against the school and the Festival sponsors arising from the photographs and/or videotape whether known or unknown, and shall hold the school and the sponsors and any successor or successors in interest harmless from the same.

\_\_\_\_\_  
**Signature of Parent or Guardian**      **Date**

\_\_\_\_\_ **(Telephone number)**