

CHAPERONE Medical Information Form
2020 Williamsburg Performance Tour June 19-23

Date: _____ Chaperone Name _____

Chaperone Cell : _____ Chaperone Email _____

Are you CPR Certified? _____ Have you chaperoned a youth group overnight? _____

Are you a strong swimmer? _____ Are you willing to supply a background check? _____

Please list any special health issues or considerations, medication and/or food allergies, history of fainting, etc.

Physician _____ Phone: _____

Release and Indemnity Agreement

The Young Voices of the Carolinas, LLC recognizes that some risk may be involved in this program and its activities, including travel incidents. There to, the undersigned hereby releases the Young Voices of the Carolinas, LLC, its staff, directors, and agents from all risks involved with participation in this program. The Young Voices of the Carolinas, LLC is released of all claims arising from participation in said activity or program, except and solely to the extent that the undersigned may be covered by liability insurance of the organization (YVC).

I hereby give my consent to the Young Voices of the Carolinas, LLC or the designated agent to act **in loco parentis** when, upon the advice of a physician, medical care is required for myself, and no liability shall be imposed upon the Young Voices of the Carolinas, LLC, its agents or representatives therein.

Signature: _____ Printed Name: _____

Date: _____

My medical and/or accident insurance coverage is as follows:

Policy Holder _____

Insurance Carrier: _____ Policy number: _____

Business Name: _____ Group#: _____

No insurance coverage: _____

<p>Check one</p> <p><input type="checkbox"/> Enclosed is my check for \$100 per person</p> <p><input type="checkbox"/> Please deduct \$100 per person from my child's travel/tour account balance</p>
