

INSTRUMENT: _____

FOX VALLEY *Academy of Music Performance*

420 W. Downer Place, Aurora, Illinois 60506 708-579-2878, info@FVacademy.org

Application for Youth Audition

Youth Strings

Academy Orchestra

Access to Music

Determined by audition

Name:	Date:
Primary email:	
Primary phone & person or place:	
Secondary phone & person or place :	
Address Street/City/State/Zip:	
Mother's name:	
Father's name:	
Student email address if applicable:	
Student Birth date (M/D/Y):	
School and grade (fall of 2016):	
School music director:	
Number of years playing instrument:	
Do you take private lessons? How many years:	
Private teacher Name, Email, Phone, Address:	
List ensemble or solo experiences:	
Additional instruments played:	
Contact in case of emergency:	

FOX VALLEY *Academy of Music Performance*
Participant Waiver/Hold Harmless Agreement

* Please read and sign below. This form must be completed before participation in the FVAMP.

I, the undersigned, want myself / my child to participate in the activities of the Fox Valley Academy of Music Performance (hereafter referred to as FVAMP). I understand the activities involved with the FVAMP may contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my / my child's actions and physical condition.

In consideration of my / my child's participating in the FVAMP, I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I / or my child, may have against the FVAMP, Eden Supportive Living, Our Savior Lutheran Church, other performance venues, and their representatives and successors for any injuries suffered to me / my child while engaged in the activities of the FVAMP.

I agree to indemnify and hold the FVAMP and any of, but not limited to, their servants, agents, officials, or contractors free and harmless from any liability, loss, cost, or expense including, but not limited to, attorney fees, which may result from my / my child's participation in the FVAMP's activities.

I agree that I am fully responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to me / my child as a participant in the FVAMP's activities. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

I grant full permission to use any audio, video, photographic record of myself or child for FVAMP organizational marketing.

By signing below, I agree that I understand and consent to the above.

Print Name of Participant

Date

Signature of Participant

Date of Birth

Signature of Parent or Guardian

Date