

EXCELSIOR VISUAL & PERFORMING ARTS ASSOCIATION  
**EXCELSIOR DRUM & BUGLE CORPS**

**■ Assumption of Risk & Release ■ Medical Authorization**  
**■ Obligation/Policies ■ Optional Delegation of Parental Authorization**

The signature of the member and that of the parent or purported legal guardian, if necessary, conveys the agreement of such party/parties by the member to be able to abide by the rules, requests and obligations set forth in this agreement. Also, wherever the term "Excelsior" is used within the entirety of this document, it will commonly refer to both the "Excelsior Drum and Bugle Corps" and the "Excelsior Visual & Performing Arts Association."

I, \_\_\_\_\_ (Participant), am aware that during any of Excelsior activities, including without limitation rehearsals, trips and competition, certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

**ASSUMPTION OF RISK & RELEASE:**

I understand and do hereby assume all of the above mentioned risks and will hold Excelsior, it's members, administrative staff, agents, instructional staff and all other employees or volunteers harmless from any and all liability whatsoever which may arise out of participation in any activities arranged for named participant by Excelsior, or during any travel in private vehicles to and from any Excelsior rehearsals or functions, regardless of weather such injury is, in whole or in part, a result of the use of property and equipment of Excelsior. This document shall serve as a release of all claims for personal injury to the participant and an assumption of risk binding upon my heirs, executor and administrators, and all members of my family.

**MEDICAL AUTHORIZATION:**

In an event of named participant's illness, I do hereby authorize any of the directors, officers, administrators, managers or chaperones of Excelsior who are present at the place of occurrence to consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis, treatment, and/or hospital care that may be considered necessary for named participant in the best judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I recognize that the directors, administrators, officers, managers, or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s)

**OBLIGATION:**

I have read and agree to willingly abide by the guidelines set forth by Excelsior administration. I convey agreement in accordance with liability stated in the policy guidelines contained both within this document as well as those found in the Membership Handbook (EX-1) regarding participation fees. I agree to fulfill those obligations as set forth in these guidelines and by signing below I am agreeing to abide by the Excelsior member policies and code of conduct.

**Participant's Name:** (please print) \_\_\_\_\_

**Participant's Signature:** X \_\_\_\_\_ Date \_\_\_\_\_

➤ Please acknowledge receipt of Membership Handbook by initializing: \_\_\_\_\_ (Participant)

**CONSENT:**

The above named participant has my permission to participate in all activities arranged by Excelsior I am aware that during any of Excelsior activities, including without limitation rehearsals, trips and competition, certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking. I furthermore acknowledge and agree to all of the above provisions included under the "Assumption of Risk & Release", "Medical Authorization", and "Obligation" sections of this agreement.

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature X \_\_\_\_\_ Date \_\_\_\_\_

*(Required for Participants Under 18 Years of Age)*

➤ Please acknowledge receipt of Membership Handbook by initializing: \_\_\_\_\_ (Parent/Guardian)

Each member must additionally supply Excelsior with completed membership application forms:

- EX-03: Zero Tolerance Policy
- EX-04: Medical Information
- EX-05: Membership Data Sheet
- EX-06: Equipment Agreement

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☐ Assumption of Risk & Release ☐ Medical Authorization  
☐ Obligation/Policies ☐ Optional Delegation of Parental Authorization

**Delegation of Parental Authority Authorization (Optional)**

Wherever the term “Excelsior” is used within this document, it will commonly refer to both the “Excelsior Drum and Bugle Corps” and the “Excelsior Visual & Performing Arts Association.”

We sign and deliver this document to Excelsior on behalf of the participant named below.

**Parent/Guardian:** As parent/legal guardian of \_\_\_\_\_ (Participant), I do hereby grant permission to \_\_\_\_\_ (Designee “in loco parentis”) to act on my behalf in all matters concerning the named participant during their participation with the Excelsior Drum and Bugle Corps and/or it’s parent association, as described in the Designee’s agreement shown below.

Authorizing Parent or Guardian’s Name (please print) \_\_\_\_\_

Authorizing Signature **X** \_\_\_\_\_ Date \_\_\_\_\_  
*(Must be same parent or guardian giving permission on page 1 of this form)*

**Designee in loco parentis:** I \_\_\_\_\_ (Designee) accept the responsibility of acting on behalf of the named parent/guardian, for the above named participant. I also acknowledge that the named participant has their parent’s/legal guardian’s permission to participate in all activities arranged by Excelsior. I am aware that during any of Excelsior activities, including without limitation rehearsals, trips and competition, certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

I also understand and do hereby assume all of the above mentioned risks, am aware that the parent(s)/legal guardian(s) have also assumed all the above mentioned risks and will also hold Excelsior harmless from any and all liability whatsoever which may arise out of participation in any activities arranged for myself and/or for the named participant by Excelsior, or during any travel in private vehicles to and from any Excelsior rehearsals or functions. This document shall serve as a release of all claims for personal injury to the participant and/or to myself, and an assumption of risk binding upon our heirs, executor and administrators, and all members of our families.

In an event of named participant’s illness, I do hereby acknowledge that I as the designee, am authorize by the parent/legal guardian as well as any of the directors, officers, managers or chaperones of Excelsior who are present at the place of occurrence to consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis, treatment, and/or hospital care that may be considered necessary for named participant in the best judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I recognize that the directors, officers, managers, or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

Designee “in loco parentis” (please print) \_\_\_\_\_

Signature of Person Named Above **X** \_\_\_\_\_ Date \_\_\_\_\_