

EXPECTATIONS FORM

Participant's Name: _____
Last First Middle

Region: _____ **Honor Choir:** _____

While participating in the ACDA Honor Choir, participants will adhere to the following behavior expectations:

1. Singers must be present and on time for every rehearsal and scheduled activity.
2. Singers are expected to have music memorized before arriving at the event and will be prepared for all rehearsals with music, pencil, and other supplies and materials.
3. Singers will refrain from the use of profanity and/or derogatory/hurtful remarks toward other students, directors, or other personnel.
4. Singers will respect the authority of all directors and other individuals helping to make the event run smoothly.
5. The use of tobacco, drugs, and/or alcohol is strictly prohibited.
6. Cell phones will be permitted OUTSIDE the rehearsal space before or after a rehearsal. Cell phones must be out of sight during a rehearsal (turned off). This will be strictly enforced. Singers who do not abide by these rules will have their phones confiscated.
7. Singers will be expected to take responsibility for their own actions. As a member of a prestigious ensemble, you are representing your family, school, and community.
8. All rules and regulations from individual schools apply. If in doubt, your chaperone and/or choir director will be the ULTIMATE authority.
9. Failure to meet these expectations may result in removal from the choir. Transportation home will be at the singer's/guardian's expense.

I have read, understand, and accept the expectations for the ACDA Honor Choir.

Singer's Signature: _____ **Date:** _____

Parent/Guardian Name: _____
Print Signature

Director's Name: _____
Print Signature

VIDEO/PHOTOGRAPH RELEASE FORM

Participant's Name: _____
Last First Middle

I hereby grant the American Choral Directors Association (ACDA) the irrevocable right and permission to use photographs and/or video recordings of my child on ACDA and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me or my child.

I waive the right to approve any final products. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of ACDA. I understand that my child's name will not be used without my permission.

I hereby release, acquit and forever discharge the American Choral Directors Association, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

Singer's Signature: _____ **Date:** _____

Parent/Guardian Name: _____
Print Signature

MEDICAL FORM

Participant's Name: _____
Last First Middle

Region: _____ **Honor Choir:** _____

Health Insurance Provider: _____ **Policy #:** _____

MEDICATIONS

List all prescription medications you are currently on or might be taking (attach a separate list if necessary):

Name: _____ **Dosage:** _____ **Frequency:** _____ **Reason:** _____

Name: _____ **Dosage:** _____ **Frequency:** _____ **Reason:** _____

Name: _____ **Dosage:** _____ **Frequency:** _____ **Reason:** _____

Please check any conditions for which the participant is currently receiving medical treatment

Insulin Dependent Inhaler AutoImmune Disorder
 Insulin pump ADD Depression
 Fainting ADHD Other _____

List any other medical conditions for which the participant is being treated: _____

Physicians Name: _____ **Office Phone:** _____

Address: _____

If you wish to be called before any over the counter medication is dispensed, please initial here: _____

LIABILITY FORM

Participant's Name: _____
Last First Middle

If the participant listed above should require medical attention while participating in the Honor Choir, the Honor Choir Chair, or another designated chair has my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I hereby authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the Honor Choir.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the Honor Choir; therefore, I assume all risks related to participating in the Honor Choir. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students, agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the Honor Choir.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the State of Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

Parent/Guardian Name: _____
Print Signature

REQUIRED NOTARY PUBLIC SECTION:

Signed in my presence this ____ day of (month & year) _____

Witness my hand and seal this ____ day of (month & year) _____

*Notary Public: _____

My Commission Expires: _____



This is not a legal document without the signature and seal of a Notary Public.

A scanned PDF of this executed and notarized Release or a copy thereof shall be deemed as an original for all purposes.