



Youth (non-member) Participation Consent Form – Page 1 of 2

Kansas City, Missouri Chapter A-048 of The Society for the Preservation and Encouragement of Barbershop Quartet Singing in America, Inc. (SPEBSQSA), DBA Barbershop Harmony Society

Youth [Name] _____ Date of Birth: ____/____/____
Parent/Guardian [Name] _____
Supervisor(s) / Chapter Member(s) [Name(s)] _____

Activity: _____ Date(s): _____

Location: _____

Consent and Agreement by Parent/Guardian

I am the parent or legal guardian of the Youth named above. The Youth desires and/or has applied to participate in the Activity referenced above. I acknowledge that I have received a copy of the Youth Policy Statement of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc. (SPEBSQSA), have reviewed and understand the same, and have had the opportunity to discuss the same with persons responsible for the Activity. I have also carefully reviewed and discussed the Policy Statement(s) with the Youth, particularly his/her obligations and responsibilities as a participant in the Activity. I understand that participation by the Youth is conditioned upon the consent, agreements, and other provisions contained in this document.

I hereby consent to the Youth participating in the Activity. I hereby designate the Supervisor(s) named above (if other than the undersigned Parent/Guardian) to supervise the conduct and activities of the Youth as a participant in the Activity, including (but not limited to) participation in any associated travel. I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place and stead as a parent, to supervise the Youth as fully and completely as I might do if I were personally present, as deemed necessary and appropriate in the reasonable judgment of such Supervisor(s). I understand and agree that the failure of the Youth to accept and comply with such supervision, and/or the failure of such Supervisor(s) to provide effective supervision of the Youth, may be grounds for the denial or immediate termination of the Youth's participation in the Activity. I understand and agree that if any Chapter, District or SPEBSQSA member provides such supervision, such member will be performing that function in his individual and personal capacity, and not as an agent or representative of the Chapter, District or SPEBSQSA.

I accept full responsibility for all actions of the Youth and such Supervisor(s) during or arising out of the Youth's participation in the Activity. In the event of any medical emergency involving the Youth, I further hereby authorize such Supervisor(s) to obtain, provide, give consent, or furnish authorization for, any necessary emergency medical services or treatment to the Youth, including (but not limited to) surgical procedures which may be recommended by a physician, it being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible, after a need arises.

[Signature] Parent / Guardian (DATE) [Printed Name] Parent / Guardian

Signed Copy to be retained by the Chapter



Youth (non-member) Participation Consent Form – Page 2 of 2

Kansas City, Missouri Chapter A-048 of The Society for the Preservation and Encouragement of Barbershop Quartet Singing in America, Inc. (SPEBSQSA), DBA Barbershop Harmony Society

Youth [Name] _____ Date of Birth: ____/____/____
Parent/Guardian [Name] _____
Supervisor(s) / Chapter Member(s) [Name(s)] _____

Acceptance of Responsibility by Supervisor(s)

As a Supervisor named and designated above, I hereby accept responsibility for, and agree to perform the supervision of the conduct and actions of the Youth as a participant in the Activity. I understand that my responsibility shall cover all aspects of the Youth's participation in the Activity, including (but not limited to) participation in any associated travel. I agree that my responsibility shall continue for the entire duration of the Activity, or until I rescind this Acceptance by written notice to the Chapter, District, or SPEBSQSA officer (or designated representative) in charge of the Activity. I understand that my failure to provide effective supervision of the Youth, or my rescission of this Acceptance, may be grounds for the denial or immediate termination of the Youth's participation in the Activity. [If more than one Supervisor is named, the foregoing statements and agreements are separately made by, and shall separately apply to each.]

[Signature] Supervisor (DATE)

[Printed Name] Supervisor

[Signature] Supervisor (DATE)

[Printed Name] Supervisor

Signed Copy to be retained by the Chapter

Acknowledgment by Youth

I, the Youth named above, understand that my participation in the Activity is conditioned upon the supervision of my conduct and actions by the Supervisor(s) named above. I understand that my failure to accept and comply with such supervision, or the failure of such Supervisor(s) to provide the same, may result in the denial or immediate termination of my participation in the Activity.

[Signature] Youth (DATE)

[Printed Name] Youth

Signed Copy to be retained by the Chapter