

All Florida Youth Orchestra Inc.  
1708 North 40<sup>th</sup> Avenue  
Hollywood, FL 33021



**MusicFest 2020 Summer Camp**  
**Direct Camp Phone: 954-913-9331**  
**DawnJanosik@gmail.com**  
**Camp Location:** Westminster Academy  
5601 N. Federal Highway  
Fort Lauderdale, 33308

## MUSICFEST 2020 Parental Consent for Minor/ Adult Participant

This original form along with the Registration and Medical forms must be filled out and MAILED to FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321

**Do Not Fax The Forms – They Must Be Originals**

Release from Liability All Florida Youth Orchestra Inc. DBA Florida Youth Orchestra  
and Westminster Academy  
June 8 through 19, 2020

*The undersigned is the parent of a child attending the Florida Youth Orchestra's MusicFest Summer Camp.* By signing this form, I agree to hold All Florida Youth Orchestra, Inc., and Westminster Academy harmless for any casualty, calamity or negligence that might be encountered during this Musicfest Summer Camp. I hereby agree that I, my child, my assignees, heirs, guardians and legal representatives, will not make a claim against FYO's staff, officers or directors collectively or individually, or any of the volunteer workers, for the injury of my child, or damage to his/her property sustained in connection to the All Florida Youth Orchestra, Inc., Musicfest Summer Camp. I understand that All Florida Youth Orchestra Inc. is a non-profit organization made up of volunteers who are serving for the benefit of my child. Every precaution will be taken to insure the safety and well-being of my child.

Therefore I assume the risk in order that my child, gain the benefit by his/her participation in this camp. Further, if in the event that I bring an action against the All Florida Youth Orchestra, Inc. or their insurance companies, I pledge to bring it through the arbitration process first and to choose Broward County, Florida for venue.

\_\_\_\_\_  
Name of Child / \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Parent / \_\_\_\_\_  
Signature of Parent

Date Received in FYO office \_\_\_\_\_