



Clinic & Audition Information

Clinics-Day 1 will be held at Covina High School in Covina, CA on September 25th from 9:00am-6:00pm in the high school gymnasium. Clinics-Day 2 will be held at Walnut High School in Walnut, CA on October 2nd from 9:00am to 6:00pm in the high school band room. Auditions-Day 1 will be held at Walnut High School in Walnut, CA on October 9th from 9:00am to 6:00pm also in the high school band room. Check-In begins at 8:30am. All auditionees are encouraged to bring their own spinning equipment to guarantee the opportunity to participate, some equipment will be available for usage. We will have a limited quantity of each equipment available. Registration fee is \$20.00 online and, on the day of registration(onsite). The following is a list of things you should bring to the audition:

- ALL forms in this packet
- Athletic Clothing
- Athletic Shoes
- Water
- Lunch Money
- Medical Supplies (medications, epi-pens, etc.)

COVID-19 PROTOCOL: In order to participate in the audition process and to be a member of Élan Youth Arts, all participants are required to be vaccinated against the **SARS-CoV-2** virus. Any individuals claiming **RELIGIOUS** or **MEDICAL** exemptions, please contact the Élan Youth Arts administration at clanyoutharts@gmail.com to advise.

Note: For individuals offered a contract for the 2023 season, please be prepared with your first tuition payment in the amount of \$380.00 on October 16th, which will be the first official rehearsal. A comprehensive tuition payment schedule with dates and amounts will be outlined in the contract. Please remember, your spot and contract are guaranteed with this first payment, which is MANDATORY for all members



ÉLAN YOUTH ARTS - VIDEO AND PHOTO RELEASE

I hereby grant the Élan Youth Arts Organization (“Élan”) the irrevocable right and permission to use photographs and/or video recordings of myself throughout any Élan functions and events. I understand usage includes, but not limited to, websites, publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me, or additional consent.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. 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 Élan Youth Arts Organization.

I hereby release, acquit and forever discharge Élan Youth Arts Organization, 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.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature of Individual Photographed/Recorded

Date

Printed Name of Individual Photographed/Recorded: _____

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed by a parent or legal guardian: I have read and understand this document. I understand and agree that it is binding on me, my child or ward (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or legal guardian of the child named above.

Signature of Parent/Legal Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Legal Guardian: _____



EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER

Participant's Name: _____ Date of birth: _____
Address: _____

EMERGENCY INFORMATION

Parent/Guardian #1: _____ Home Phone: (____) _____
Business Phone: (____) _____ Cell Phone: (____) _____
Email: _____

Parent/Guardian #2: _____ Home Phone: (____) _____
Business Phone: (____) _____ Cell Phone: (____) _____
Email: _____

In an emergency where parent/guardian cannot be reached, please contact the following individual:

Name: _____ Home Phone: (____) _____
Business Phone: (____) _____ Cell Phone: (____) _____

Medical Information

Allergies: _____
Allergies to drugs or food (specify): _____

Other Medical Conditions: _____

Medication Usage: _____
Physician: _____

Physician's Phone: (____) _____

Medical/Hospital Insurance Company: _____
Policy Holder's Name: _____ Policy Number: _____

Insurance Company Phone: (____) _____

Participant's Name: _____ Date of birth: _____



I, the undersigned participant in the Élan Youth Arts Organization, or the parent/guardian of the above listed participant in the Élan Youth Arts Organization if participant is under the age of eighteen, acknowledge and fully understand that each participant in the Élan organization will be engaging in activities that involve risk of serious injury, including permanent disability or death, which might result not only from the participant's action, inaction or negligence, but also the action, inaction or negligence of others and/or the condition of any premises (including but not limited to gymnasiums), risks created by the forces of nature and hazards of travel by bus, automobile, and other means, including but not limited to walking and/or driving or being driven to and from rehearsals and other activities, and furthermore, that there may be other unknown risks that are not reasonably foreseeable at this time.

Accordingly, I acknowledge, fully understand and agree that I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenant to indemnify and not to sue the Élan Youth Arts Organization, its instructors, managers, employees and associated personnel, officers, directors, agents, members, volunteers and representatives from any and all liability to the undersigned, participant heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's involvement in the Élan Youth Arts Organization.

In the event of participant's illness, I hereby authorize any of the directors, officers, managers, instructors or chaperones of Élan who are present to consent to whatever x- ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the participant in the reasonable 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 such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors or chaperones of the Élan Youth Arts Organization consenting to such health care may reasonably and in good faith rely upon the advice furnished to them by the attending licensed health care provider(s).

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the Director of the Élan Youth Arts Organization and that any unauthorized alteration will cause the participant to be removed from Élan.

NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICIPATE IN THE ÉLAN YOUTH ARTS ORGANIZATION. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN. IF MEMBER IS UNDER 18 PARENT OR GUARDIAN MUST SIGN FORM

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN _____
DATE _____ (if applicant under age 18)



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social and physical distancing and have, in many locations as required or necessary, prohibited the congregation of groups of people, as well as requiring the wearing face coverings over the nose and mouth under certain situations.

Élan Youth Arts has put in place preventative measures to reduce the spread of COVID-19; however, Élan Youth Arts, its Board of Directors, administration and affiliates cannot guarantee participants will not become infected with COVID-19. Further, attending events on campus could increase the risk of contracting COVID-19.

By acknowledging this agreement, I am aware the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending rehearsals, events, and performances. Such exposure or infection may result in personal injury, illness, temporary or permanent disability, extended period of incapacity, and/or death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions of myself and others, including, but not limited to Élan Youth Arts employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited, to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection as a direct result of my participation with Élan Youth Arts

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Élan Youth Arts, its employees, agents, representatives, and all affiliates of and from all claims, losses and liabilities, including all liabilities, administrative proceedings or penalties, civil actions, lawsuits, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Élan Youth Arts, its employees, agents, representatives, and all affiliates whether a COVID-19 infection occurs before, during, or after participation in any program requiring skills lab experience.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF PARENT or GUARDIAN _____
DATE _____ (if applicant under age 18)