



Youth Participation Form

Society Event/Activity*: _____

*Includes Barbershop Harmony Society Chapter, District, or International Next Generation Barbershop activities.

Youth Full Name (Incl. Nickname): _____

Youth Date of Birth: ____/____/____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Phone #: _____

Name & Phone # of Primary Supervisor: _____

Youth Allergies and/or Known Medical Conditions:** _____

** Allergy/medical responses are optional and would be solely used to inform medical providers if and as required.

Consent and Agreement by Parent/Legal Guardian

I am the parent or legal guardian of the Youth named above (hereinafter "Youth"). The Youth desires to participate in the Barbershop Harmony Society ("BHS") event/activity listed above (the "Society Event"). I acknowledge that I have received a copy of the BHS [Youth Policy Statement](#), [Code of Ethics](#), [Statements of Affirmation](#), and [Statement on Harassment](#), and the youth policy statement of any chapter or district (if applicable), I have reviewed and understand the same, and I have had the opportunity to discuss the same with authorized representatives of the chapter, district, or the Society. I have also carefully reviewed and discussed the policy statement(s) with the Youth, particularly the obligations and responsibilities as a participant in the Society Event and Next Generation Barbershop [Code of Conduct](#). I understand that the Youth's participation in the Society Event may involve local or long-distance travel to and from events and attendance by the Youth at events or activities which may take place late at night. I further understand that my consent and agreements, as set forth below, are conditions for the Youth's participation in the Society Event.

I hereby consent to the Youth participating in the Society Event. I agree to be responsible for, and promptly discharge, all financial obligations, if any, of the Youth associated with the Society Event. I assume and accept full responsibility for the active supervision of the Youth, and for all actions of the Youth, during or arising out of all activities in which the Youth participates. In my absence, I hereby designate the individual named above as the Primary Supervisor to supervise the conduct and activities of the Youth as a participant in the Society Event. I hereby grant to the Primary Supervisor my permission, full authority and responsibility, in my place and stead as a parent or legal guardian, 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 the Primary Supervisor. I have conducted my own satisfactory due diligence and investigation of the Primary Supervisor and am not relying on any independent background checks or oversight that may be performed by the Barbershop Harmony Society under the Youth Policy Statement. I understand and agree that any of the following may result in the Youth being denied the right to participate in Society Event and/or in the suspension of the Youth's membership: (i) my failure and/or the failure of the Primary Supervisor to provide effective supervision of the Youth; (ii) the failure of the Youth to abide by the Code of Conduct, or (iii) the failure of the Youth to accept and comply with my supervision and/or the supervision of the Primary Supervisor. I understand and agree that if any organization member provides such supervision, such member will be performing that function in an individual and personal capacity, and not as an agent or representative of the Chapter, District, or the Society.

I accept full responsibility for all actions of the Youth and Primary Supervisor during or arising out of the Youth's participation in the Society Event. I also hereby release the Barbershop Harmony Society from all liability for any claims arising from Youth's participation in the Society Event, including violation of or deviation from the Youth Policy Statement. In the event of any medical emergency involving the Youth, in my absence I further hereby authorize the Primary Supervisor, or BHS staff in the absence of the Primary Supervisor, 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.

I also agree to the use of the Youth's likeness in any group photographs, videos, or recordings developed on behalf of the Barbershop Harmony Society for us in any publicity developed by the Society.

Parent/Legal Guardian Signature: _____ **Date:** _____



Acknowledgment by Youth Participant

I, the Youth named above, understand that my participation in the Society Event is conditioned upon my compliance with the [Code of Conduct](#), the supervision of my conduct, and actions by my Parent/Guardian and/or the Supervisor(s) named above. I understand that my failure to accept and comply with such supervision, or the failure of my Parent/Guardian and/or the Supervisor(s) to provide the same, may result in my being denied the right to participate in the Society Event.

I further acknowledge that I have received a copy of the BHS Youth Policy Statement, Code of Conduct, and Statement on Harassment, and the youth policy statement of the chapter or district (if applicable), I have reviewed and understand the same, and I have had the opportunity to discuss the same with authorized representatives of the chapter, district, or the Society. I understand that my participation in the Society Event is conditioned upon the consent, agreements, and other provisions contained in this document.

Youth Printed Name: _____

Youth Signature: _____ **Date:** ____/____/____

Optional Space for Additional Information for Event Organizers From Parent/Legal Guardian
