



## Young Women In Harmony Chorus Sponsors Legal and Liability Considerations

When sponsoring a Young Women In Harmony chorus, the legal and liability concerns are similar to accepting youth members into the chapter. If the participants in the YWIH chorus are also chapter members, most of the legal and medical release agreements are likely covered through the youth membership chapter requirements.

However, if the chapter sponsors a group of young women for a YWIH chorus who are not members, the preferred method is for a school to assume responsibility for legal and medical considerations. The schools usually provide the rehearsal and performance venue. However, many chapters assume direct responsibility for all activities of the YWIH chorus.

### **Liability Coverage**

If the chapter sponsors the YWIH chorus and holds rehearsals and performances at venues they normally use and have a certificate of coverage from our insurance company, the Sweet Adelines International liability coverage will extend to these events. If the chapter uses multiple venues for chapter rehearsals and YWIH chorus rehearsals, it is important to obtain a separate certificate of insurance for each location. However, the coverage is for legal liability claims brought by a third party. The claimant must show that the chapter was negligent in causing the accident. If there is damage to the facility or another person (third party) is injured by a member of the YWIH chorus, the Sweet Adelines International liability insurance will pay for damages or claims. Attached is a flier explaining the coverages provided and how to contact our insurance agent.

The parent/guardian should always sign a medical and liability agreement. Attached are sample agreements that can be used.

### **Other Legal Considerations**

It is important that minors be supervised by adult chaperones/guardians while participating in chapter sponsored events. Alcohol should not be available as the trend in most states is to increase the liability of persons or organizations serving alcoholic beverages. In the case of underage participants, the liability could be compounded by additional laws such as contributing to the delinquency of a minor or furnishing alcohol to a minor.

Another consideration is the possibility of sexual molestation claims. Although our organization may have less exposure to this possibility than other youth organizations, it is important that the sponsoring chapter has absolute confidence in all persons in contact with the young women. The chorus may want to develop a list of rules for the young women participating in the YWIH chorus, particularly for overnight or extended stay events, i.e., no visitors of the opposite sex in rooms without chaperones or un-chaperoned activities will not be allowed.



## Agreement of Parent or Guardian Young Women In Harmony Chorus Participation

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
hereby give my permission for her to participate in a Young Women In Harmony (YWIH) Chorus,  
sponsored by \_\_\_\_\_ Chapter of Sweet Adelines International and agree to  
the following:

1. I understand that I shall be legally and financially responsible for her participation in events, including but not limited to rehearsals, performances, regional and international events, coaching sessions, fund raising, and social activities as well as any other activities that may arise.
2. I shall be responsible for her transportation to and from all activities set forth in item 1 of this agreement.
3. I agree to be responsible for the payment of any and all expenses related to her participation in the YWIH Chorus including but not limited to travel, hotel accommodations, costumes, and makeup.
4. I agree to accompany her to all events. In the event that I cannot accompany her as agreed, she may be accompanied by a sponsor or chaperone, approved by me and the sponsoring chorus.
5. In the event that she is accompanied to any event by a sponsor, I agree to provide the sponsor with a Youth Member Emergency Medical Release on a form approved by the sponsoring chorus.
6. I agree to release Sweet Adelines International Corporation and any and all of their agents from any and all liability arising from or in any manner related to her transportation to, attendance at, or participation in any event.
7. I agree to all the above agreements which will be in effect through my daughter's eighteenth (18) birthday.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



## Sponsor Agreement and Emergency Medical Care Release

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
who participates in the Young Women In Harmony Chorus, sponsored by  
\_\_\_\_\_ Chapter of Sweet Adelines International, also known as  
hereby gives permission for \_\_\_\_\_, to act as her sponsor in accordance  
with Sections 4 and 5 of the Agreement of Parent or Guardian. I give this permission so that she  
can attend and participate in (circle one):

1. All events and activities between \_\_\_\_\_, and \_\_\_\_\_, or  
(Date) (Date)

2. The following event

(describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of a medical emergency, I give my permission to the physician selected by the sponsor to provide all necessary and appropriate medical care to the minor child including but not limited to hospitalization, injections, anesthesia, and surgical procedures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

I agree to act as sponsor of the above-named minor according to the terms and limitations described herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor signature



## Emergency Medical Information for Minor Child

1. Minor's name: \_\_\_\_\_
2. Father's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
3. Mother's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
4. Physician's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
5. Dentist's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
6. Insurance Company: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Group No: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Telephone: \_\_\_\_\_
7. Insurance Company: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Group No: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Telephone: \_\_\_\_\_
8. Does Youth Member have any allergies? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
9. Does Youth Member have restrictions on activities? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
10. Does Youth Member have any other medical conditions of which we should be aware?  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
11. Does Youth Member take any medications of which we should be aware? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
12. Blood Type: \_\_\_\_\_