



4121 Shelbyville Road / Louisville, KY 40207 / (502) 896-1851  
Mailing Address: Box 997 / Louisville, KY 40201-0997 [info@lyo.org](mailto:info@lyo.org)

## Waiver of Liability

As a student/member or representative of a student/member of the Louisville Youth Orchestra (LYO),

I assume the risks of attending and participating in all activities associated with the Louisville Youth Orchestra and release the organization, Board of Directors, Officers, Employees, and Agents from any and all liability for any claims, losses, damages, or expenses, including exposure to or development of COVID-19 or its variants, now or at any time following my participation in associated activities, except for claims which are the direct result of grossly negligent acts and/or omissions by the organization.

I acknowledge safe playing protocols and steps taken by the Louisville Youth Orchestra cannot guarantee that I will not be exposed to or develop COVID-19 or its variants due to the nature of this virus and its variants. I acknowledge that no insurance or coverage of any kind for the exposure and/or development of COVID-19 or its variants and any associated claims for losses or damages of any kind is provided to me by the Louisville Youth Orchestra.

I will not attend rehearsals, dress rehearsals, or concerts if I am exhibiting or have recently exhibited symptoms of COVID-19 or its variants, including but not limited to fever at or above 100.4 degrees, shortness of breath, cough, body aches, nausea, new loss of taste or smell, vomiting, diarrhea and any other symptoms of illness. If I have any such symptoms, I will not participate in any associated LYO event until no longer exhibiting said symptoms. If I am at increased risk for exposure of contracting COVID-19 or its variants, I will consider not participating and assume the increased risk to myself as a result of participation and/or attendance.

I understand that I will be required to follow safety protocols and requirements related to COVID-19 or its variants in order to participate in an ensemble of the Louisville Youth Orchestra and that these requirements will change from time to time based on the needs of the organization and COVID-19 community levels in and surrounding Jefferson County.

Student Name: (print) \_\_\_\_\_

Student Signature if age 18 or above : \_\_\_\_\_ Date: \_\_\_\_\_

OR

I hereby certify that I am an adult representative as parent or legal guardian of \_\_\_\_\_, a minor child under the age of 18 years, and I agree to the above waiver relating to his/her participation in the Louisville Youth Orchestra.

Parent/Guardian Name: (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**IF THE STUDENT IS NOT 18 YEARS OLD, THE FORM SHOULD BE SIGNED BY A PARENT/LEGAL GUARDIAN. PLEASE TURN IT IN AT THE FIRST REHEARSAL WITH YOUR OTHER LYO FORMS.**