



**2015 GNOYO 20th Anniversary
East Coast Tour to CARNEGIE HALL
Travel Waiver
Assumption of Risk/ Release of Liability Form**

I, _____, agree to represent the Greater New Orleans Youth Orchestra during the 2015 East Coast Tour with integrity and respect.

I, _____, also understand and agree that the East Coast Tour of GNOYO of which I am a member involves certain risks regardless of the precautions taken by the GNOYO, some bodily injuries may occur.

Specific risks/ hazards involved in the East Coast Tour include but are not limited to the following:

1. Travel by bus from New Orleans to New York City and back.
2. Driving by bus to Hotel and walking around New York City
3. Property damage involved while in transit.

Knowing this information, in consideration of my participation in the East Coast Tour of the GNOYO, I expressly and knowingly release GNOYO and their representatives from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of travel or activity conducted by or under the auspices of the GNOYO caused by risks associated by this activity and/or the negligence of the sponsoring group.

In addition, I understand and agree the GNOYO cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Finally, I voluntarily and knowingly agree to protect, hold harmless and indemnify GNOYO and their representatives against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the East Coast Tour of GNOYO.

I have read the Travel Waiver for the GNOYO 2015 East Coast Tour to Carnegie Hall and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

Date: _____

Print Name _____

Signature _____

Parent/ Legal Guardian Signature (if under 18) _____

Please list any special services you may require due to an existing medical condition or physical disability: