STUDENT PARTICIPANT AGREEMENT

I Agree To The Following (initial each item):

1. ______ I will abide by the BYU Honor Code and the Dress and Grooming Standards during the entire performance season.

2. ______ I am a full-time BYU student in good academic standing (not on academic warning or probation).

3. ______ I will remain with the performance company for the duration of each tour. In the case of a personal emergency, I understand that I must obtain the written approval of the company director to leave the tour.

4. ______ I understand that BYU provides insurance coverage for the following:
   a. Accidental injury during activities coordinated by Performing Arts Management.
   b. Accidental death or dismemberment, while traveling, through the university master travel policy.
   c. If air arrangements have been made through the BYU Travel Management office with the Chase Corporate Visa Card, coverage for accidental death as a ticketed passenger in a common carrier or airport or while traveling to and from an airport by public conveyance.

5. ______ In consideration for being permitted by BYU to participate in the performance tour, and recognizing the hazards I may encounter on the tour, I hereby agree not to make any claim against BYU or any of its officers or employees for injuries to me or to my property, unless the injury is the direct result of a negligent act or omission by BYU or any of its officers, employees, or agents.

6. ______ I understand that BYU requires me to maintain adequate medical insurance while on tour, just as it does while students are on campus. If covered by private insurance, it must meet or exceed BYU’s minimum coverage standards. To meet the BYU insurance requirement, you must do one of the following: (1) Enroll in an Affordable Care Act-compliant health plan that is provided by your parents, your own, or your spouse’s employer and that covers you in Utah or (2) Purchase an individual Affordable Care Act-compliant health plan. If a student’s insurance meets the above requirements, the BYU Health Services insurance office must receive verification of adequate coverage at the beginning of your first semester and annually at the beginning of fall semester. If it is not received, you will be automatically enrolled for individual coverage and assessed the applicable premium for the Student Health Plan.

7. ______ I understand that BYU does not provide personal baggage/personal effects insurance.

8. ______ I understand that personal property including musical instruments owned by a tour participant are not insured by BYU or the Church. Personal insurance coverage should be obtained as desired by the individual owner.

9. ______ I agree to participate in all publicity photo sessions before and during performance tours. I also give BYU the unqualified right to use any photographs, either moving or still, audio and/or video recording(s) of me for any university purpose in perpetuity.

10. ______ I acknowledge that I will read and understand all the materials given to me by BYU, including the U.S. Centers for Disease Control (CDC) guidelines, regarding immunization for foreign travel in the countries to be visited during tour. I certify that I will do one of the following:
   a. I will secure all CDC-recommended and/or required immunizations for my itinerary.
   b. I will not do so for personal reasons, for which I accept full responsibility. I do so voluntarily and at my own risk, with the clear understanding that my decision not to follow the CDC recommendations may have serious health consequences.

11. ______ For international tours, I agree to be registered in the required cultural preparation class for that tour. This class is for one credit hour and is typically held the semester or block before the tour. If I have problems with taking this class (too many credit hours, time conflicts, etc.) I understand that it is my responsibility to work these problems out with the registrar at the International Study Programs Office, 204 HRCB.

12. ______ For international tours, I understand I will be enrolled in an international health insurance plan (such as GeoBlue) while out of the country, and that my student account will be charged for this coverage.

13. ______ I agree to submit touring documents and forms to Performing Arts Management according to deadlines established and understand late fees will be charged.

14. ______ For International Students Only: I agree to acquire the necessary documentation to reenter the USA at the tour’s conclusion. I understand I should contact BYU International Services (1351 WSC) four months prior to tour departure to complete the necessary documents. I confirm my student visa is current through the end of the tour.

I give BYU permission to use my Student Information for publicity purposes. I have also completed the Health Evaluation and declare that all such statements and answers are correctly recorded and true as given. Further, I agree to all items outlined in the Participant Agreement.

Student’s Signature: ___________________________ Date: ____________

Parent or Guardian’s Signature: ___________________________ Date: ____________

required for participants under 18 years of age

EMERGENCY CONTACT INFORMATION

Name: ___________________________ Relationship: ___________________________

Daytime Phone: (_____) ___________________________ Evening Phone: (_____) ___________________________

Email: ___________________________

(Please also complete reverse side of this form →)
STUDENT INFORMATION
Please write legibly.

Name: __________________________  Performing Ensemble: __________________________
  full legal name: last  first  middle (full name as shown in government issued photo ID used for air travel)

Local Address: __________________________
  street  city  state  zip code

Home Address: __________________________
  street  city  state  zip code

Student ID #: __________________________  BYU Net ID: __________________________

Email: __________________________  Cell Phone: (____)______-______

Position in Ensemble: __________________________

Date of Birth: ______  Age: ______  Male  Female  Class: □ Fr □ So □ Jr □ Sr □ Graduate

Major: __________________________  Single  Married-Spouse Name: __________________________

Previous BYU Tours: __________________________

Parent’s Names and Addresses: __________________________

☐ Same as Home Address

Parent’s Phone: (____)______-______

Current Ward Bishop: __________________________  Phone: (____)______-______

High School: __________________________  City: __________________________  State: __________________________

Graduated HS: __________________________  m - y

LDS Mission (where, when): __________________________

Foreign Language(s): __________________________  Fluent? □ Yes □ No

(Please also complete reverse side of this form)

HEALTH EVALUATION

1. Name: __________________________  Performing Ensemble: __________________________

2. Have you had any of the following ailments? Check if yes and give details below (under item 5).
   □ Surgical Operations
   □ Serious Accident
   □ Hospitalization
   □ Tuberculosis
   □ Pneumonia, Pleurisy, Bronchitis
   □ Frequent Colds, Sinusitis
   □ Diabetes
   □ Kidney Stone or Colic
   □ Dropsy, Bladder, Kidney Disease
   □ Nervous Disorder
   □ Epileptic Seizure, Convulsion, Paralysis
   □ Jaundice, Gall Stones, Disease of Liver
   □ Malaria, Typhoid Fevers
   □ Cancer, Tumors
   □ Rheumatic Fever
   □ Anemia
   □ Heart Disease
   □ Ulcers
   □ Internal Injuries
   □ Injury, Either Eye
   □ Back Injury
   □ Dizziness, Fainting Spells
   □ Goiter
   □ Allergies
   □ Asthma, Shortness of Breath
   □ Congenital Abnormalities
   □ Skin Disease of any Kind
   □ Venerous Disease
   □ Arthritis
   □ Neuritis, Neuralgia, Sciatica
   □ Gout, Rheumatism
   □ Gastritis
   □ Appendicitis, Diseased Bowel

3. Are you taking medication and/or herbs of any type? □ Yes  □ No

4. Will you be taking medication(s) on tour? □ Yes  □ No
   For what reason? __________________________

5. If you answered yes to question 2, 3, or 4, list the details of each:
   Ailment/Medication  Date  Duration  Details  Physician’s Name and Address

6. Do you have any physical or mental condition which would restrict your ability to be part of this performing tour? □ Yes □ No
   If so, give name(s) and particulars: __________________________

7. Do you have any chronic ailment, disease or other condition, now existing, which may lead to hospitalization or operation or other medical attention while on tour? □ Yes  □ No
   If so, explain: __________________________

8. What is the name of your health insurance company? __________________________
   What is your policy number? __________________________

9. Do you have a personal physician? □ Yes  □ No
   Name and address: __________________________

10. Do you have any ailment, health problem, or dietary needs not reported above? □ Yes  □ No
    Please explain: __________________________