Performing Arts Management

Each tour participant is required to complete and return this form to Performing Arts Management. As a member of a BYU performing ensemble for the current school year, you agree to the conditions as outlined below.

**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 limited insurance coverage to me for covered accidents that may occur while traveling on business for the University and in the course of the University’s business. This insurance coverage is limited to Accidental Medical Expenses and Accidental Death or Dismemberment benefits.

   This coverage may also apply if I am injured while riding as a fare-paying passenger in, or getting on or off of a scheduled air flight for which a ticket was purchased. Coverage also includes the courtesy ground transportation to and from the airport and between terminals and while I am at the airport immediately after arrival on any scheduled air carrier.

   I understand that any additional accident, life, or health insurance coverage is my sole responsibility.

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, I must do one of the following: (1) Enroll in an Affordable Care Act-compliant health plan that is provided by my parents, my own, or my spouse’s employer and that covers me in Utah or (2) Purchase an individual Affordable Care Act-compliant health plan. If my insurance meets the above requirements, the BYU Health Services insurance office must receive verification of adequate coverage at the beginning of my first semester and annually at the beginning of fall semester. If it is not received, I 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 review all materials given to me by BYU, including the U.S. Centers for Disease Control (CDC – for more information see www.cdc.gov/travel) guidelines, regarding immunization for foreign travel in the countries to be visited during tour. I also understand that my participation in touring is voluntary, and that in order to go on an international tour, I must be fully vaccinated for COVID-19. For all other immunizations, 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. I acknowledge and agree that the health information included in this form may be shared with BYU personnel (including, but not limited to, a BYU physician, the relevant BYU tour manager, and an assigned BYU trainer) as needed to facilitate my participation in the tour.

15. I affirm that I am physically and mentally capable of participating in each tour and, as applicable, living or traveling outside the United States during each tour. I have no known health limitations that might jeopardize my own health or safety, or the health or safety of others during a tour.

16. I understand and agree that if I experience any serious health problem during any tour, and if BYU becomes aware of the serious health problem, BYU may contact the person whose name I have provided under “Emergency Contact Information” below and provide information about the serious health problem to that person. I also hereby give permission to BYU to provide immediate emergency health care as needed.

17. **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:** ___________________________

Are you under the age of 18? If yes, please have a parent or guardian sign below.

**Parent or Guardian’s Signature:** ___________________________ **Date:** ___________________________
EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1:
Name: ___________________________ Relationship: ___________________________
Phone: _________________________ Email: ________________________________

EMERGENCY CONTACT 2:
Name: ___________________________ Relationship: ___________________________
Phone: _________________________ Email: ________________________________

STUDENT INFORMATION

Full Legal Name: ___________________________ Performing Ensemble: _____________
First Middle Last

Local Address: _____________________________________________________________
street  city  state  zip code

Home Address: ____________________________________________________________
street  city  state  zip code

Email: ___________________________ Cell Phone: ________________________________

Position in Ensemble:  □ Performer  □ Technician

Date of Birth: _________  Age: ______  □ Male  □ Female
MM/DD/YYYY

Class:  □ Fr  □ So  □ Jr  □ Sr  □ Graduate

Major: ________________________________  □ Single  □ Married

Spouse Name (if applicable): ________________________________

Previous BYU Tours: ____________________________________________
Parent Name and Address: ____________________________________________________________

Name                                                                                       Address

Parent Email and Phone: ________________________________

Email                                                                                       Phone

Additional Parent Name and Address: ______________________________________________________

Name                                                                                       Address

Additional Parent Email and Phone: ______________________________________________________

Email                                                                                       Phone

High School: ___________________________  City: ___________________________  State: _____

Graduated HS: ___________________________  MM/YY

Mission (where, when): ___________________________________________________________________

Foreign Language(s): _____________________________________________________________________

Fluent? □ Yes □ No

**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).
   □ Allergies           □ Dizziness, Fainting Spells □ Inflammatory Bowel Disease
   □ Anemia             □ Gastritis             □ Kidney Stone
   □ Arthritis          □ Head Injuries        □ Seizures
   □ Asthma             □ Headaches            □ Serious Accident
   □ Back Pain          □ Heart Disease        □ Surgical Operation
   □ Cancer             □ Hernia              □ Ulcers
   □ Diabetes           □ Hospitalization

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:
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: ___________________________

__________________________________________