



Performing Arts Management

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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.

STUDENT PARTICIPANT AGREEMENT (CONTINUED)

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 wwwn.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:
- I will secure all CDC-recommended and/or required immunizations for my itinerary.
 - 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*).

- | | | |
|------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dizziness, Fainting Spells | <input type="checkbox"/> Inflammatory Bowel Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Gastritis | <input type="checkbox"/> Kidney Stone |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Serious Accident |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Surgical Operation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hernia | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> 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:

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: _____
