

RELEASE AND WAIVER FORM for participation in: Makana Youth Choir

Name of Parent/Guardian :_			
Name of Child:			
Date of birth:			
Address:			
Home telephone: (daytime)	(evening)	email	
Does the student have any h	nealth issues or dietary re	estrictions that we should be	aware of:
Emergency contact (name a	nd telephone number):		
Island Arts Centre Society(A Makana Youth Choir, if any, or causes of actions arising property incurred while atter venues used for the purpose	for myself, my heirs, rtSpring), Howard R Jang (collectively "the Release out of or in consequence adding at or participating it to of conducting rehearsal	ing), Howard R Jang Executive executors, administrators and g, Caroni Young, and all other ees") from any claims, demand of any loss, injury or damagen the Makana Youth Choir at list and or performances, notwethe negligence of the Releas	nd assigns release the er locations utilized by nds, damages, actions e to my person or ArtSpring, and other withstanding any such
Dated thisday of	, 20		
Signature of Child			
Signature of Parent or Guard (if student is under 18 years			
I give permission for photog	raphs in which I appear t	o be used for publicity purpo	oses. (check one)
YES / NO			

Thanks to Galleons Lap Photography, The Lost Chords, and Viva Chorale! for sponsoring this program.