



Makana Youth Choir

RELEASE AND WAIVER FORM

Name of Parent/Guardian _____

Name of Child _____

Date of birth _____

Address _____

Home telephone:
(daytime) (____) _____ (evening) (____) _____

email _____

Emergency contact (name and telephone number)

In consideration of Island Arts Centre Society(ArtSpring), Cicela Månsson Executive & Artistic Director, I, _____ for myself, my heirs, executors, administrators and assigns release the Island Arts Centre Society(ArtSpring), Cicela Månsson, Caroni Young, and all other locations utilized by Makana Youth Choir, if any, (collectively "the Releasees") from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in the Makana Youth Choir at ArtSpring, and other venues used for the purpose of conducting rehearsals and or performances, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Releasees, their servants, agents or employees.

Dated this _____ day of _____, 201__.

Signature of Child

*Signature of Parent or Guardian
(if student is under 18 years of age)*

I give permission for photographs in which I appear, to be used for publicity purposes. (check one)

- YES
- NO