



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 health issues or dietary restrictions that we should be aware of:

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 _____, 20____ .

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

Thanks to Viva Chorale!, Seth Berkowitz, and Joan Farlinger for sponsoring this program.