

LIABILITY RELEASE FORM

I, the parent or guardian of the below-named child/ward, give my permission for his/her participation in all activities, rehearsals, and performances of the Spokane Area Children's Chorus.

I hereby release and discharge the Spokane Area Children's Chorus, its agents, directors, and volunteers who participate in or conduct activities on behalf of the Spokane Area Children's Chorus from all claims, demands or actions which the parent or guardian's heirs, executors, administrators or assigns may have, against the Spokane Area Children's Chorus, its successors or assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by the Spokane Area Children's Chorus, including, but not limited to, scheduled activities, rehearsals, and performances.

I hereby release and discharge the Spokane Area Children's Chorus, its agents, directors and volunteers who participate in or conduct publicity activities on behalf of SACC from all claims, demands, or actions which the parent or guardian's heir, executor, administrators or assigns may have, against the Spokane Area Children's Chorus, its successors or assigns.

PUBLICITY WAIVER: I give permission for the Spokane Area Children's Chorus to use the likeness or voice of my child in published format, including, but not limited to: Internet, newspaper, magazine, printed or recorded materials, and television.

I, the parent or guardian, have read this release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Name of Child: _____

Emergency Contacts: Name: _____ Phone: _____

Name: _____ Phone: _____

Health Insurance Company and Policy # _____

Signatures of Parents or guardians _____

Date: _____