

The Keyboards for Christ Music Program is a 12 week program, each class is 1 hour in length.

**Program:** Keyboards for Christ Music Program

**Date(s):**

**Instructors Name:**

**Pastor's Name:**

**Church Phone Number:**

**Church Address:**

You must have a separate form for each child in the program even if there are several from the same family. Term below means Keyboards for Christ Music Program.

### RELEASE FORM

- \* My minor child, as listed below, has my permission to fully participate as a representative of the Keyboards for Christ Music Program in all activities associated with the above named program.
- \* I understand and sign this enrollment and release form by my own choice and freely do so.
- \* I understand that with any program there are risks.
- \* In connection with and consideration of my child's participation in the Program, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1) I am aware that any program related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Keyboards for Christ Music Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily Injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death.

The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this Activity.

There is potential for accidents and/or injuries arising from:

- A. Participating in activities associated with this program.
- B. Fire and/or weather-related events.

2) I understand that my child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release.

3) I represent and warrant that my child has no physical, health related or other problems which would preclude or restrict their participation in the Program or otherwise render their participation dangerous or harmful to them or others. I Further represent and warrant that my child has adequate medical, health and/or other insurance for participation.

Allergic to: \_\_\_\_\_

5) Knowing the dangers, hazards and risks that may be associated with the Program, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the Program and related activities.

6) I agree that my child must abide by all rules and regulations applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result illness or injury associated with the Keyboards for Christ Music Program or related Activities, I consent to such first aid and/or treatment.

7) To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, Name of church \_\_\_\_\_ and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the Program and/or related activities, whether due to the negligence, Mistake or other action or any other person or entity.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Signature: \_\_\_\_\_ Date :

Medical allergies: (Latex,rubber,paint,glue,sugar,foods)

Please list: \_\_\_\_\_

NONE check here:

Signature of Parent/Guardian Having Care and Custody of Participating Child:

\_\_\_\_\_ Date:

Name of Parent/Guardian: \_\_\_\_\_

Emergency Telephone: ( ) \_\_\_\_\_

Participating Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Age:

**Media Release for video, print, audio, still photo, digital photo**

I, (please print) \_\_\_\_\_

hereby grant permission to Name of Church \_\_\_\_\_

to create, copy, reproduce, exhibit, publish, or distribute any likeness of myself, my belongings, or my family to be used for the purpose of creating this \_\_\_\_\_

I understand that the above uses may include, but are not limited to videotapes, films, sound recordings, photographs, displays, brochures, Web sites, multimedia programs, or any other type of promotional medium existing now or in the future.

I further understand that by granting this permission I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the above persons and organizations.

Signature: \_\_\_\_\_ Date:

Witness: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: