



Waiver & Release Form

Performing Arts Camp 2019

Medical

I authorize _____ (child's name) to participate in activities of Crescendo Community Chorus. As a condition of his/her being allowed to do so I, hereby, release and discharge Sharon R. Smith, staff, and/or chaperones from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in group activities. I, hereby, warrant and represent that he/she is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor. In case of medical or surgical necessity or emergency I, hereby, give my permission to the physician selected by Crescendo Community Chorus personnel to provide whatever medical or surgical treatment is necessary. He/she agrees to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (printed) _____

Media Recording

I, the undersigned, do hereby grant or deny permission to Crescendo Community Chorus to use the image of my child, _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and flyers, video, and digital images such as those on the Crescendo Community Chorus website and Facebook page.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in print, video, and digital media. I agree that these images may be used by Crescendo Community Chorus for a variety of purposes and that these images may be used without further notification. I understand that my child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (printed) _____