

# The Fox Valley Academy of Music Performance Participant Waiver/ Hold Harmless Agreement

- Please read and sign below. You must return this before your child can participate.

I, the undersigned, want my child to participate in The Fox Valley Academy of Music Performance. I understand that the activities involved with The Fox Valley Academy of Music Performance may contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my child's actions and physical condition.

In consideration of my child's participating in The Fox Valley Academy of Music Performance, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against The Fox Valley Academy of Music Performance, Aurora Christian School, or Our Savior Lutheran Church, employees, representatives and successors for any injuries suffered by my child while engaged in the activities of The Fox Valley Academy of Music Performance.

I agree to indemnify and hold The Fox Valley Academy of Music Performance and any of their servants, agents, officials or employees free and harmless from any liability, loss, cost or expense including attorney fees, which may result from my child's participation in The Fox Valley Academy of Music Performance's activities. I agree that I am fully responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to my child as a participant in The Fox Valley Academy of Music Performance's activities and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use any photographs, videotapes, recording or any other record of The Fox Valley Academy of Music Performance's program for purposes of promoting the organization only. By signing below, I agree that I understand and consent to this statement.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS

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<b>Print Name of Participant</b>	<b>Date</b>		
<hr/>			
<b>Signature of Participant</b>	<b>Date of Birth</b>		
<hr/>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Home Phone</b>
<hr/>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Contact In Case of Emergency</b>	<b>Phone Number</b>		
<hr/>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Signature of Parent /Guardian</b>	<b>Daytime Phone</b>		
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Please print clearly on  marks