

Consent and Liability Waiver Form

Each participant in a Sola Gratia Musicians, Inc. event must complete the *Consent and Liability Waiver Form* to participate in and attend any and all events, including rehearsals, trips, fund-raising activities, choral exchanges, etc. The form must be signed by a PARENT OR GUARDIAN OF EACH PARTICIPANT.

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

I understand that all events for which this Consent and Liability Waiver Form is being given could include, but is not limited to, the following: Rehearsals at Bethany Bible Fellowship Church (Hatfield), Franconia Mennonite Church (Telford), Immanuel Leidy's Church (Souderton), choral exchanges in various locations, concerts, and fund-raising and social activities at various locations.

I hereby consent to the participation of my child(ren) in any and all events with Sola Gratia Musicians, Inc. I understand that I have a duty to provide primary accident and medical insurance for my child(ren), and I declare that my child(ren) is (are) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE SOLA GRATIA MUSICIANS, INC., CHORAL DIRECTORS, BOARD OF DIRECTORS, ADMINISTRATORS, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY CHILD(REN)'S PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS, BETHANY BIBLE FELLOWSHIP CHURCH, FRANCONIA MENNONITE CHURCH, IMMANUEL LEIDY'S CHURCH, SOLA GRATIA MUSICIANS, INC., CHORAL DIRECTORS, BOARD OF DIRECTORS, ADMINISTRATORS, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY MY CHILD(REN), OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE, OR LOSS SUSTAINED BY MY CHILD(REN) DURING ANY AND ALL SOLA GRATIA MUSICIANS, INC. EVENTS OR TRAVEL TO AND FROM THE SAME.

PUBLICITY RELEASE:

I also give my permission to allow any pictures or videos taken during Sola Gratia Musician, Inc. events to be used for public relations by Sola Gratia Musicians, Inc.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents and have signed the same as my own act and deed.

Parent or Guardian (Please Print): _____

Signature: _____ Date _____