

Consent and Liability Waiver Form

Each participant in a Sola Gratia Musicians, Inc. event must complete this *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 Christ Reformed Church at Indian Creek (Telford), 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, CHRIST REFORMED CHURCH AT INDIAN CREEK, 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 Musicians, 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: _____

Sola Gratia Musicians Medical Release Form

Parents' Names: _____

Parents' Place(s) of Employment: _____

Work Phone: (_____) _____

Enrolled Choristers:

First Name (and last name, if different)	Does child have any serious health problems or allergies, or take medication? (If yes, please identify)

Emergency Contacts (two besides parents):

Name & Relationship	Address	Phone (home, cell)
		H: _____
		C: _____
		H: _____
		C: _____

May we administer regular first aid including ambulance if deemed appropriate? Yes _____ No _____

Do you authorize hospital or doctor to administer necessary medical treatment? Yes _____ No _____

Sola Gratia Musicians, Inc. does not pay physician fees or medical expenses of students who are injured at music classes or SGM-sponsored activities.

Authorized Signature _____ Date _____
(Parent or Legal Guardian)

Insurance Information:

Company Name: _____ Group Number: _____

Policy Number: _____ Phone Number: _____

Physician Information:

Primary Care Provider: _____ Phone Number: _____