



## LIABILITY RELEASE FORM

I, the parent or guardian of the named child/ward, give my permission for his/her participation in all activities, rehearsals, and performances of the Spokane Area Youth Choirs.

I hereby release and discharge the Spokane Area Youth Choirs, its agents, directors, and volunteers who participate in or conduct activities on behalf of the Spokane Area Youth Choirs from all claims, demands, or actions that the parent or guardian's heirs, executors, administrators, or assigns may have against the Spokane Area Youth Choirs, its successors, or its assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by the Spokane Area Youth Choirs, including, but not limited to scheduled activities, rehearsals, and performances.

**PUBLICITY WAIVER:** I give permission for the Spokane Area Youth Choirs to use the likeness or voice of my child/ward in published format, including, but not limited to Internet, newspaper, magazine, printed or recorded materials, and television.

**I, the parent or guardian, have read this registration and release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.**

Signature of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company and Policy # \_\_\_\_\_

**\$50 Registration Fee *or***

**\$40 Returning Students** if registered by June 1 *or*

**\$75 Family Rate** for multiple children

**ABC Program** – Registration fee includes T-shirt.

**Complete and return this form with registration fee to:**

**SAYC**

**411 S. Washington St**

**Spokane, WA 99204**

**509-624-7992 Fax: 509-624-8028**

**[office@SAYChoirs.org](mailto:office@SAYChoirs.org)**

**For Office Use:**

Check # \_\_\_\_\_  Cash  CC Online

Payment Amount: \_\_\_\_\_ Date: \_\_\_\_\_