

LIABILITY WAIVER AND RELEASE AGREEMENT

This Agreement is entered into on this ____ day of _____, **2025**, by and between:

Choir Director: Shannon Fayth Robinson

Organization Name: The Kids Choir of Central Florida

Rehearsal/Performance Venue: Victory Productions

Address: 720 Business Park Blvd, Winter Garden, FL, 34787

Participant Name: _____

Parent/Guardian Name (if under 18): _____

1. Acknowledgment of Risk

I understand that participating in choir rehearsals and performances may involve certain risks, including but not limited to physical exertion, exposure to communicable illnesses, and accidental injury. I acknowledge that all reasonable precautions will be taken to ensure safety.

2. Assumption of Responsibility

I voluntarily assume all risk of injury or harm that may occur as a result of participation in choir-related activities and agree to release the Choir Director, staff, volunteers, and the rehearsal/performance venue from any and all liability.

3. Health and Safety Compliance

I agree to follow all health and safety rules set by the Choir Director, including staying home when ill.

4. Supervision and Conduct

For minors, I understand that while reasonable supervision will be provided, the Choir Director and staff are not liable for participants who choose not to follow conduct guidelines. Disruptive behavior may result in dismissal from the program.

5. Medical Treatment Authorization

In case of emergency, I authorize the Choir Director or designated staff to seek emergency medical treatment on my/my child's behalf. I agree to be financially responsible for any medical expenses incurred.

6. Media Release (Optional)

- ☐ I give permission for photos/videos of myself/my child to be used for promotional or educational purposes.
- ☐ I do not give permission.

7. Release of Liability

I hereby release and hold harmless the Choir Director, all program volunteers, staff, and the venue from any and all claims, liabilities, or demands arising from participation in this program, except in cases of gross negligence or willful misconduct.

Participant or Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Emergency Contact Name: _____

Phone Number: _____