

# Show Choir Participant Application Parent/Guardian Form and Liability Waiver

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade as of 08/09: \_\_\_\_\_

Parent Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please circle the T-shirt size needed: **Child M** **Child L** **Child XL** **Adult S** **Adult M** **Adult L** **Adult XL**

June 16-20, 2008 10:00am to Noon Mon-Thurs, 10am-1pm Friday with a performance starting at 12:30.

Person in Charge: Nancy Pearson

Participant Cost: \$40.00 Please write checks out to Nancy Pearson

I, \_\_\_\_\_ (Parent/Guardian's name) grant permission for my child, \_\_\_\_\_ (Child's name) to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Nancy Pearson and Gethsemane Lutheran Church from any claims or law suits brought against Nancy Pearson, Gethsemane Lutheran Church, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Nancy Pearson and Gethsemane Lutheran Church in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Optional Medical Information:

Medication(s) my child is taking at Present:

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

As parent or guardian, I agree to all of the above stated considerations and conditions.

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

Please turn this by mail to:

**Nancy Pearson**

6451 White Dove Dr

Excelsior, MN 55331

952-212-6108