TAMPA BAY CHILDREN'S CHORUS
CONSENT AND ACKNOWLEDGMENT OF RISK

Participant: _____

IN CONSIDERATION of the right to attend and participate in the activities of the Tampa Bay Children's Chorus, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

1. Agrees to abide by all rules and regulations established by the Tampa Bay Children's Chorus, Inc. ("TBCC");
2. Authorizes TBCC or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
3. Grants to TBCC for any purpose connected with promoting the purposes and goals of TBCC, the right to use the Participant's name, voice, and likeness including any performances or other works of Participant in TBCC activities, and any biographical information submitted by the Participant to TBCC, and the right to use, reproduce, publish, publicly display, publicly perform and distribute the same;
4. Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that as of the date hereof, and until the undersigned notifies TBCC in writing to the contrary, the Participant is physically, mentally, and emotionally capable of attending and participating in TBCC activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds TBCC, its employees, directors, officers, and agents harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgements, executions, costs of suit and actual attorney's fees incurred or suffered by any of them as a result of, or arising out of, the Participant's negligence or misconduct.

This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of TBCC.

The Participant and the Participant's parent or legal guardian have read this Consent and Acknowledgment of Risk, and understand its contents.

_____ _____
Date Signature of Participant or Parent/Legal Guardian (if minor)

Printed Name of Parent/Legal Guardian: _____

Address: _____

City/State/Zip: _____

Telephone: _____
Home Work Cell

Print Save

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 200
by _____ who is personally known to me
or has produced _____ as identification.

(AFFIX NOTARY SEAL) _____
Notary Public State of Florida at large

Printed Name: _____

Serial Number: _____

My Commission Expires: _____