



48 West McDougal Road
Cochrane AB T4C 1M4

Cochrane Music Society Adult Waiver for Minor Participant

This is a release of legal rights. Read and understand before signing.

I hereby certify that I am the adult parent or guardian, having full legal responsibility for decisions regarding _____, a minor child/ward under the age of eighteen years, and I consent to his/her participation in activities with the Cochrane Music Society at various rehearsal and concert venues. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of said minor child's participation in Cochrane Music Society activities. I recognize my responsibility to ensure that said minor child participates only in activities and venues that I approve.

I understand that Cochrane Music Society shall have no responsibility to pay for medical treatment and related costs if said minor child is injured. Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's participation. To the fullest extent allowed by law, I hold harmless and agree to indemnify Cochrane Music Society, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in Cochrane Music Society activities, resulting from any cause whatsoever, and regardless of fault.

I have carefully read and freely signed this Adult Waiver for Minor Participant. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Province of Alberta.

Name of Parent/Guardian: _____ Signature: _____
(Print)

Witness to Signature _____ Signature: _____
of Parent/Guardian: (Print)

Date: _____