

Carpool/Transportation Release

I, _____ parent/guardian of minor _____ ,
give permission to Charisma Chorus (The Chorus) to transport my child by walking or automobile
or other vehicle to and from the minor's school or home to or from the location of practices, clinic,
camp, or concert. (All volunteer drivers are required to have background and driving record
checks.)

By signing below, I agree to hold Charisma Chorus blameless for any accidents or Injuries related
to my child being in a vehicle or otherwise being transported for The Chorus.

Parent/Guardian Signature

Date

The following people are authorized to pick up or drop off the minor. Please include name and
phone number.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Release for Photographs, Audio and Video Recordings

I, _____ parent/guardian of minor _____ ,
do hereby give Charisma Chorus permission to photograph or audio or video record my minor
during The Chorus. Such photos and recordings may be used in promotional materials, The
Chorus' Facebook account and other social media, and other standard business use of such
photos and recordings.

Parent/Guardian Signature

Date

I do **not** want my minor to be photographed/recorded

Medical Release Forms

Name: _____

Does your student have any allergies? Yes No

If yes, what are they allergic to?

Reactions to allergy:

Doctor's name and phone number:

I/We hereby authorize an adult representative of Charisma Chorus, Inc. to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for my child in a medical emergency.

Parent/Guardian Signature(s)

Date

Participant Release and Waiver of Liability Form

I, the Guardian of the minor Participant, do hereby give my consent to their participation in all activities of Charisma Chorus. The Participant and the Guardian desire that the Participant engage in activities related to serving or participating in the Chorus' activities as a performer. The Participant and the Guardian are responsible for the Participant's own insurance coverage in the event of personal injury or illness because of participation in activities of the Chorus.

1. Waiver and Release: We, the Participant and the Guardian, Release and forever discharge and hold harmless Charisma Chorus and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with the Chorus, including claims arising out of negligence. We understand and acknowledge that this Release Discharges Charisma Chorus from any liability or claim that we may have against the Chorus with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the Chorus' activities.

2. Insurance: I, the Guardian, affirm that the Participant is covered by primary medical insurance and understand that I am responsible for the Participant's medical bills if injury occurs. Further, we understand that Charisma Chorus does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death, or damage to their property. We expressly waive any such claim for compensation or liability on the part of Charisma Chorus beyond what may be offered freely by the Chorus in the event of such injury or medical expenses incurred by the Participant.

3. Medical Treatment: We, the Participant, and the Guardian, hereby Release and forever discharge Charisma Chorus from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with Charisma Chorus. We give our consent for Charisma Chorus to provide, administer, or obtain medical treatment for the Participant.

4. Other: We, the Participant, and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I, the Guardian of the above-named Participant, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Parent/Guardian Signature

Date

Scholarship Application

POLICIES:

1. Scholarships are based on student financial need.
2. Scholarships apply to tuition and to other fees such as Chorus shirt purchases.
3. Scholarship decisions are final.
4. Scholarships must be applied for annually.
5. If information is later determined to be inaccurate, this may affect scholarships for future programs.

Annual Family Income
(will be treated confidentially) _____

Free lunch program? Yes No

Reduced lunch program? Yes No

Extenuating Circumstances

I certify that the above information is accurate.

Parent/Guardian Signature Date

Students' shirt size: _____ Number of shirts needed: _____

**We'll contact you within 7 days with your total charge based on scholarships and shirts.
You may pay us through PayPal or in person up to the first day.**