

**Spectrum Choral Academy / Northwest Choir Resources
2024-2025 Waiver and Medical Release Form**

Today's Date: _____ (medical release must be updated annually).

Singer's Name _____ Preferred Nickname (if any) _____

Birth date ___/___/___ Gender _____ School _____ Grade (fall '24) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Singer Cell Phone (if any) _____ OK to text? YES NO

Parent #1 _____ Cell _____ OK to text? YES NO Work _____

Parent #2 _____ Cell _____ OK to text? YES NO Work _____

Preferred Family email _____

Secondary e-mail _____

Singer's e-mail _____

Medical Information:

Insurance carrier _____ Policy # _____

Allergies, including drug reactions: _____

Regular Medications: _____

Date of last Tetanus: _____

Any other medical information we should know? Attach additional info if needed _____

Family Physician _____ Phone # _____

Release Statement:

I authorize _____ (singer name) to participate in singing and music related activities of Stephanie Charbonneau & Donald Stojack / Exceptional Choral Events / Spectrum Choral Academy / Northwest Choir Camps / Northwest Choir Resources / Youth Choir Festival Northwest, and as a condition of his/her being allowed to do so I, hereby, release and discharge Stephanie J Charbonneau / Donald F Stojack / Exceptional Choral Events / Spectrum Choral Academy / Northwest Choir Camps / Northwest Choir Resources / Youth Choir Festival Northwest owners, employees, staff and/or instructors from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in said activities whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above. I, hereby, warrant and represent that he/she is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor. In case of medical or surgical necessity or emergency, I hereby give my permission to the physician selected by Exceptional Choral Events / Northwest Choir Resources personnel to provide whatever medical or surgical treatment is necessary. He/she agrees to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity. I, hereby, authorize the making of photographs, videos, recordings, or other memorializing of said event and his/her participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use. Highschoolers/Adults Only: I grant permission for my singer's name, biography and headshot to be posted on the Exceptional Choral Events websites / social media pages.

Signatures:

Participant _____ Date _____

Parent or Guardian _____ Date _____