

## PARENTAL PERMISSION FORM April 21 – 23, 2017

| I, as 1   | parent or legal guardian of          |
|---|--------------------------------------|
| , p   | articipant, hereby give my consent   |
| for participation in the Ola Belle Reed Song School which       | is sponsored by the Ashe County      |
| Arts Council. I assume all risks and hazards incidental to p    | articipating and do hereby           |
| waive, release, absolve, indemnify, and agree to hold harml     | ess Ashe County Arts Council, Ashe   |
| Civic Center, their staffs, volunteers, Old Belle Reed Song     | School instructors, and any          |
| sponsoring agency for any claim arising out of loss or injury   | y that the participant might sustain |
| while engaged in this program. I understand that insurance      | is not provided and that none of the |
| sponsoring agencies are responsible for the medical condition   | on of the participant. I am          |
| responsible for the listing of any medical condition, any lim   | itations and special needs of the    |
| participant in the space provided below. I agree to the release | se of photographs of the participant |
| for the promotion of the program or the general promotion of    | of the programming of the Ashe       |
| County Arts Council.  |                                      |
|   |                                      |
|   |                                      |
| Parent or Guardian's Signature                                  | Date                                 |