



PARENTAL PERMISSION FORM
April 12 – 14, 2019

I, _____ as parent or legal guardian of
_____, participant, hereby give my consent
for participation in the **Ola Belle Reed Song Writer's Retreat** which is sponsored by the Ashe
County Arts Council. I assume all risks and hazards incidental to participating and do hereby
waive, release, absolve, indemnify, and agree to hold harmless Ashe County Arts Council, Ashe
Civic Center, their staffs, volunteers, Old Belle Reed Song Writer's Retreat instructors, and any
sponsoring agency for any claim arising out of loss or injury 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 of the participant. I am
responsible for the listing of any medical condition, any limitations and special needs of the
participant in the space provided below. I agree to the release of photographs of the participant
for the promotion of the program or the general promotion of the programming of the Ashe
County Arts Council.

Parent or Guardian's Signature

Date