

Nebraska Choral Arts Society

Tour for Nebraska Children's Chorus Parental Authorization/Liability Waiver and Release CAST

I hereby give permission for my child, a minor for whom I am Legal Guardian and have custody:

Child/Minor Printed Full Name _____

Street Address: _____

City, State, Zip Code _____

Date of Birth _____

to participate in the tour to Colorado Springs, CO with the CAST Choir of the Nebraska Choral Arts Society (NCAS). This tour is scheduled to occur July 26 to August 1, 2010.

Having made an independent investigation, and knowing the dangers, hazards, and risks of such activity, specifically including, but not limited to, the fact that health services and medical care may require immediate cash payment, and in consideration of my child/minor being permitted to participate in such activity for which I have given my permission above, on behalf of my child/minor, myself, my family, heirs, personal representatives, I, the undersigned, agree to assume all the risks and responsibilities surrounding my child/minors participation in the activity including transportation involved therewith, and in advance, I release, waive, forever discharge, and covenant not to sue The Nebraska Choral Arts Society, The Nebraska Children's Chorus, their directors and officers, employees, agents and representatives ("releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that my child/minor and I may have or that may thereafter accrue, arising out of or related to any loss, damage, injury including but not limited to, suffering and death, that may be sustained to my child/minor, myself or any property belonging to me while involved in the activity, including all transportation involved therewith.

I understand and agree that releasees will not have medical personnel traveling with them. I grant my permission for releasees to authorize emergency medical treatment at any emergency care facility, if necessary, and that such action by releasees shall be subject to the terms of this authorization and the release agreement and The Nebraska Choral Arts Society Authorization Form. I understand and agree that releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. Further, I understand that The Nebraska Choral Arts Society does not provide accident/health insurance to such activity participants, and I assume personal and financial responsibility for such medical care and treatment.

This is a release of legal rights. I have read this statement and understand its contents.

Printed Name of Parent/Guardian: _____

Signature: _____ **Date:** _____