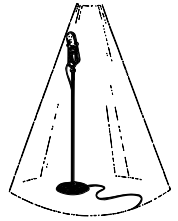




Weathersfield Fall SENIOR CHORUS
3rd through 5th grade - Wednesdays 2:45-3:30pm
Classes August 28th through December 12th
\$125 per semester



Presented through the cooperative efforts of the Arts Council of the Conejo Valley,
the Conejo Valley Unified School District, and the Conejo Recreation & Park District

Please pay with credit card online at www.hillcrestarts.com or call the Arts Council (805) 381-2747
If paying by check, please make payable to "Arts Council" and attach to this Registration form

*** **NO CASH PAYMENTS**

*** **Permission slip MUST be returned whether payment is made online or by check**

Limited Scholarships are available—note request on the bottom of this form.

Return Registration Form to your teacher or the school office.

Diane Wiley – Chorus Director weathersfieldchorus@jammm.com

Weathersfield Fall Senior Chorus

Singer's Name _____ Birthdate _____ Grade _____ Teacher _____

Parent Name: _____ Parent email: _____

Address: _____ Phone: _____

Emergency contact name: _____ phone: _____

ELEMENTARY MUSIC AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Arts Council of the Conejo Valley and its cooperating agencies (the Conejo Recreation & Park District, the Conejo Valley Unified School District, Meadows Arts and Technology School [MATES], and the Conejo Schools Foundation) to participate in the Elementary Music Activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the Arts Council of the Conejo Valley and its cooperating agencies (the Conejo Recreation & Park District, the Conejo Valley Unified School District, Meadows Arts and Technology School [MATES], and the Conejo Schools Foundation) (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that those listed as registered participate in the above activities, and I hereby execute the above Agreement, Waiver, and Release on his/her/their behalf. I state that said minors are physically able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minors may sustain while participating in said activities.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ARTS COUNCIL OF THE CONEJO VALLEY AND ITS COOPERATING AGENCIES (THE CONEJO RECREATION & PARK DISTRICT, THE CONEJO VALLEY UNIFIED SCHOOL DISTRICT, MEADOWS ARTS AND TECHNOLOGY SCHOOL [MATES], AND THE CONEJO SCHOOLS FOUNDATION) AND I SIGN IT OF MY FREE WILL.

PLEASE NOTE: Photos are often taken of participants during classes and special programs, as well as other activities both scheduled and unscheduled. These photos may be used for publicity purposes on the ACCV's, CVUSD's and CRPD's printed materials as well as online at www.HillcrestArts.com and www.CRPD.org and on other ACCV, Hillcrest Center for the Arts and CVUSD related Facebook or other social media.

Agreed:

Parent or Guardian Signature _____

_____ Date

PAID ONLINE BY CREDIT CARD ___ CHECK ATTACHED TO "ARTS COUNCIL" ___ REQUEST SCHOLARSHIP ___

Please note if you singer has any special conditions that might need attention (allergies, medications)
