

TEAM TAIKO PARTICIPATION AGREEMENT AND WAIVER FORM

PROGRAM INFORMATION

Program Name: Team Taiko
Project Date(s): Monday nights at 7pm
Location: The Grand Annex or online

PARTICIPANT INFORMATION

Name: _____
Address (include city/state/zip) : _____
Date of Birth: _____
Emergency Contact Phone: _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Your Name) _____, the legal guardian of the Participant, (Child's Name) _____, do hereby agree to the following criteria relating to my child/ward's participation Grand Vision's Team Taiko Program. I fully and voluntarily consent to my child's participation in this Program.

I hereby acknowledge my awareness and understanding that the Program will include physical exercise, breathing exercises, and drumming. I fully and voluntarily consent to my child's participation in the Program and fully understand that participation may expose me/my child to the risk of exposure to Covid-19, property damage and bodily or personal injury. I knowingly and freely assume any and all such risks.

I hereby release and forever discharge and agree to indemnify the Grand Vision Foundation, its officers, agents and employees from any and all claims, demands, rights, expenses, actions of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ / _____