**CONSENT AND RELEASE TO PERFORM**

In consideration of the opportunity to participate in Miss Kathey’s Academy and CMI activities, I voluntarily agree with the following:

1. **Acknowledgement of Risk:**
I understand that participation in rehearsals, performances, and related activities involves potential risks, including but not limited to physical or psychological injury, economic or emotional loss, and even death. I accept these risks willingly and participate entirely at my own discretion.
2. **Release of Liability:**
I release and hold harmless Concert Ministries, Inc., its affiliates, staff, volunteers, and representatives from any claims or liabilities arising out of my participation.
3. **Medical Authorization:**
In the event of an emergency, I authorize CMI to provide necessary medical care, including first aid and emergency medical transport. I accept financial responsibility for any related expenses and understand the importance of maintaining my own health insurance.
4. **Behavior and Responsibility:**
I agree to act responsibly and accept financial responsibility for any damages caused by my actions or the actions of my family or agents.
5. **Media Consent:**
I authorize Miss Kathey’s Academy and CMI to use photographs, videos, or recordings of me for promotional purposes without further consent or compensation.
6. **Legal Agreement:**
I certify that I have read and understood this agreement, and I sign it willingly as a binding contract.

**Participant Information**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participants Under 18**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the parent or legal guardian of the above-named minor, consent to the terms of this agreement on their behalf.

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_