Please READ, fill out, and sign. Please complete a separate form for each child.	
Name of participating child	
In consideration of your acceptance of my application, I, or we, the undersigned, legally bound, hereby, for myself, my heirs, executors, administrators, and assign release any and all rights and claims for damages, I or we, may have against KIE Fresno City College and its agents, representatives, and employees for any injur suffered during the program session. I, or we, grant the agents, representatives of KIDmunity Music and Fresno City College to act as guardian spokesmen in grafor emergency medical treatment/hospitalization, if necessary. Due to insurance participant will be allowed to leave the classroom premises during program hours chooses to do so, it is the responsibility of the parent/guardian.	ns, waive and Omunity Music and y or illness and employees, anting permission reasons, no
I, or we, the undersigned, intending to be legally bound, authorize the agents, repemployees of KIDmunity Music and Fresno City College to take photographs, viduadio recordings, and to use any and all images and audio files in any format and relating to fundraising, publicity, or advertizing. I, or we, release any and all right these recordings and images.	leo recordings and d for any purpose
Name of parent/guardian	Date
Signature of parent/guardian	Date
Special medical information we should be aware of (allergies, medication)	