



STUDENT NAME: _____ DATE OF BIRTH: ___/___/___

PARENT/ GUARDIAN NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Release of Liability:

I as the student's parent/guardian I hereby give my consent for the student to participate in Agape Church Music Academy activities. I hereby release, discharge and agree to indemnify Agape Church Music Ministry, its employees, affiliates, contractors and sponsors from any liability arising out of my student's participation in Agape Church Music Academy.

Parent/Guardian Signature:

Date: ___/___/___
