



The Jamaican American Association of Central FL Inc.

Website: www.JAAOCF.ORG Contact (321) 512-6938 (School) (407) 292-3719 (Office)



Music Academy, Consent Form 2021

Name of Participating

Child : _____

Address: _____

Date of Birth: _____

Allergies _____

Doctor's Name: _____ Phone # _____

Please sign below to indicate your agreement to the following statements.

I give permission that 911 be called and address any medical emergency with my child.

Media Permission

My child has my permission to be photographed, audiotaped, or videotaped while attending rehearsals or performances associated with the JAAOCF for possible use in promoting the work/activities of JAAOCF as a non-profit community Association.

Waiver of Responsibility.

I understand and voluntarily assume all risks inherent in the nature of this activity and I waive, hold harmless and release all claims, costs, liabilities, expenses and judgments against JAAOCF and its representatives arising out of my participation or my child's participation in the activities of the JAAOCF. The JAAOCF and its representatives are not responsible for personal items brought or left by my child on the site of the event.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone # _____ Date: _____