World Theater Foundation/Latin American Jazz Experience
Release and Waiver of Liability – 17 years old or younger

For and in consideration of my child's participation and instruction in the "Latin American Jazz Experience" ("Program"), I hereby agree to indemnify and hold harmless World Theater Foundation, Bobby Medina, the Latin American Jazz Experience band members (LAJE), additional instructors, employees, chaperones, volunteers, and/or providers of musical instruments (Activity Holders) from all claims, including ordinary negligence, related risks, acts and omissions arising out of my child's participation in the youth musical Program, which will take place Wednesday, August 20, 2025 through Saturday, August 23, 2025 (8:30 a.m. to 1:30pm), at the Sidney Commons located at 4885 SW Hovde Road, Port Orchard, Washington.

The Program activities may include observing music videos, listening to music, receiving musical instruction, playing various musical instruments, performing, and other musically related activities. I understand that the risks associated with the Program activities could result in injury, illness, and/or death to my child. I hereby assume these risks, and knowing them, give my child permission to participate in the Program. I accept full responsibility for the cost of treatment for any injury or illness suffered as a result of my child's participation in the above-referenced program. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for the repair or replacement.

I understand that while participating in the Program activities, my child may be photographed. I agree to allow their photograph, video, or film likeness to be used for any legitimate purpose by the Program/Activity Holders.

This Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under Washington law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

_____ _____
Name of Minor Child Age

_____ _____ _____
Parent/Guardian's Printed Name Parent/Guardian's Signature Date

Parent/Guardian's Contact:_____ (Mobile number)