



Student Name/School

Parent Name

Signature

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I, \_\_\_\_\_ (parent signed above), parent/legal guardian of \_\_\_\_\_ (students listed above), hereby give my consent for participation in Shooting Stars 2019. I assume all risks and hazards incidental to such participation, including transportation to and from all events and do hereby waive, release, absolve, indemnify and agree to hold harmless the Watauga Education Foundation, its contractors, volunteers and any sponsoring agency, for any claim arising out of any loss or injury that participant might sustain while engaged in this program. I understand that the Watauga Education Foundation does not provide insurance and is not responsible for the medical condition of the participant. I agree to the release of photographs, audio and visual recording of the participant for the promotion of the Watauga Education Foundation. **I have read the Shooting Stars 2019 Guidelines and agree to abide by the requirements of participation therein.** I acknowledge that Shooting Stars 2019 serves multiple purposes, including providing educational opportunities for participants, fundraising opportunities for Watauga Education Foundation, and the general advancement of the arts in Watauga County, and that conflicts which may arise in accomplishing those goals will be resolved solely by the Watauga Education Foundation.

Primary Contact Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_