



2009 YOUTH TALENT SHOWCASE

July 12, 2009 @ Reedbird Park, Baltimore, MD 21225

PARENT / LEGAL GUARDIAN AUTHORIZATION INFORMATION

Required for all individuals performing.

Name of Performer: _____

Name of Adult Parent / Legal Guardian: _____

Address: _____ City, State, Zip _____

Email Address: _____ Fax: _____

Daytime Phone: _____ Evening Phone: _____

RELEASE OF CLAIMS & ASSUMPTIONS OF LIABILITY

I hereby, for myself and my heirs, administrators, and assigns, release, acquit, and forever discharge and hold Baltimore Education and Cultural Institute, Inc. (BECI) and its directors, employees, agents, successors, and assigns, harmless of and from any and all actions, causes of action, claims, demands, damages, costs, expenses (including the costs of litigation, specifically including reasonable attorneys fees), third party actions, suits at law and in equity, and all direct, consequential, special, punitive, and other damages of every description, from, on account of, or growing out of my or, if application, my minor child's or ward's, service as a volunteer or otherwise at the BECI - 1st Annual Youth Talent Showcase (YTS), whether such claims and actions are brought pursuant to injury, death, or property damage to me or, if application, my minor child or ward, and whether based on the negligence of BECI, or its directors, employees, agents, successors, or assigns, or otherwise.

I hereby certify that I am an adult and have the full right and lawful authority to execute this release of claims and assumption of liability for myself or, if applicable, that I have the authority to grant this release on behalf of my said minor child or ward. This release of claims and assumptions of liability contains the entire agreement between BECI and the undersigned and the terms hereof are contractual and not a mere recital. I certify that I have read and understand the entire contents hereof and hereby sign this release of claims and assumption of liability as my own free and voluntary act, this

_____ day of _____ 2009.

Signature of Adult Parent or Legal Guardian _____

Printed Name of Adult Parent or Legal Guardian _____

Witness: _____ Signature _____ (Printed Name)

Baltimore Education and Cultural Institute Inc. (BECI) (A Baltimore based not-for-profit 501(c)(3) organization) P.O. Box 19718 Baltimore, MD 21225