



Release Form for Student Participant
(18 years or older)

I, _____ understand that HERENCIA Mariachi Academy does not provide insurance coverage for Medical care I may need because of my participation in the academy.

I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness. I hereby assume the inherent risks and hazards of this activity. I acknowledge that any claims for damages against HERENCIA Mariachi Academy would be governed by the laws of the State of California.

I, _____ agree that HERENCIA Mariachi Academy may use such photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Acknowledgement of Risk Factors for Participant

Signature: _____ Date: _____