

# BRAVO Homeschool Strings

## 2025-26 PARTICIPATION AGREEMENT

This form must be completed and returned to Bravo Homeschool Strings in order to participate in the program.  
One form per participant. A parent or guardian must sign this form if participant has not attained eighteen (18) years of age.

The parties to this agreement are the participant, Lilburn Music, LLC d/b/a Bravo Homeschool Strings (the "services provider") and Redeemer Orthodox Presbyterian Church (the "location/venue of activity").

### Participant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Activity Information

Description of activity: Instruction in string instrument playing and orchestra playing, with the opportunity to play/perform in orchestra concerts.  
Location/venue of activity: 3930 Chamblee-Tucker Road, Atlanta, GA 30340, and other locations as designated.  
Date(s) of activity: Bravo Homeschool Strings 2025-26 season, comprising designated dates from August 2025 through July 2026

### Restrictions

(To be completed by parent/guardian)

The undersigned parent/guardian does hereby give permission for my child/ward to attend and participate in the activities listed above offered by services provider:

- with no restrictions.  
 with the following restrictions: \_\_\_\_\_

### Participation Agreement

Undersigned (if 18 years of age or older) or parent/guardian for his/her child (if participant has not attained 18 years of age) acknowledges and assumes any and all risks and dangers of physical injury **or contraction of illness (including Covid-19)** associated with participation in the activity described above **or presence of participant and family members or guests in the venue of activity**. Should it be necessary for participant to return home due to medical reasons or otherwise, the undersigned shall be responsible for providing transportation for participant.

Undersigned acknowledges understanding of all policies of Bravo Homeschool Strings (found at BravoHomeschoolStrings.com) and agrees to abide by said policies. **Undersigned also agrees to ensure that participant and any family members or guests present during the activity follow any health protocols specified by Lilburn Music, LLC during participation in the activity or use of the premises. Health protocols will be announced directly to participants and/or their parents/guardians via email, and may change during the year. Undersigned acknowledges that participant's continued participation in the activity is at the sole discretion of Lilburn Music, LLC and may be suspended at any time.**

Undersigned consents to services provider photographing, videotaping or recording without compensation participant's image, voice, likeness and/or the playing/performance of any musical instrument in connection with the described activity, and for the use of same in any printed or electronic publication(s) of, or in any website created by or for, services provider for its sole benefit; provided, however, that Lilburn Music, LLC or Bravo Homeschool Strings will not identify participant by name.

Any claim, controversy or dispute between the parties arising from or relating to this Participation Agreement or the activity herein described shall be settled by mediation and, if mediation is unsuccessful, by arbitration. Undersigned agrees that these methods shall be the sole remedy for any controversy, claim or dispute arising out of or relating to this Participation Agreement or the activity herein described, and expressly waives his/her right to file a lawsuit in any civil court for such controversy, claim or dispute, except to enforce an arbitration decision. For the purpose of this Participation Agreement the parties agree to be bound by the Federal Arbitration Act (9 USC §§ 1-16).

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature (if participant is a minor) Date

\_\_\_\_\_/\_\_\_\_\_  
Participant Signature (if 18 years of age or older) Date

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## 2025-26 HEALTH INFORMATION AND MEDICAL CONSENT

One form for each participant. Please attach a copy of the front and back of any applicable **Medical Insurance Card** to this form.

Participant's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Day) (Evening) (Cell) (Email)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Day) (Evening) (Cell) (Email)

### Participant Health Information

1. Please list any medical conditions, including allergies, of which a medical care provider should be aware: \_\_\_\_\_

2. Please list any prescribed medication taken on a regular basis: \_\_\_\_\_

3. Please list any dietary restrictions or food allergies: \_\_\_\_\_

4. Please list any other medical information that you believe is important: \_\_\_\_\_

5. Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

6. Date of Participant's most recent tetanus shot: \_\_\_\_\_

### Insurance Information

Insurance Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
(Please indicate if no insurance.)

### Consent for Medical Treatment

To Whom It May Concern: Undersigned (if 18 years of age or older) or parent/guardian for his/her child (if participant has not attained 18 years of age) authorizes Lilburn Music, LLC to consent to necessary medical treatment to be rendered to me/my child under general or special supervision, and on the advice of any physician or dentist licensed under the provisions of the Georgia Medical Practice Act, or its equivalent, and the medical staff of a licensed hospital, whether treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable for and agrees to pay all costs and expenses incurred in connection with such medical or dental services rendered to participant pursuant to this authorization. Undersigned agrees that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed consent on file.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature (if participant is a minor) / Date      Participant Signature (if 18 years of age or older) / Date

\_\_\_\_\_  
Parent/Guardian Name (Printed)