

CABE 2025 Mariachi Festival & Competition

Liability Waiver Form

Event Date: Saturday, March 25, 2025 **Event Location:** Long Beach Convention Center

Participant Information:

- **Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Parent/Guardian Information:

- **Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Liability Release and Acknowledgment of Risk:

I, _____, hereby acknowledge my child's voluntary participation in the CABE 2025 Mariachi Festival/Competition. I understand that participation in this event involves certain risks, including, but not limited to, personal injury, property damage, and other losses related to musical activities, travel to and from the event, and other related activities.

I agree to release, hold harmless, and discharge the California Association for Bilingual Education (CABE), its board members, officers, employees, volunteers, agents, and sponsors from any and all claims, liabilities, or demands arising from my participation in the CABE 2025 Mariachi Festival/Competition, including any injury, damage, or loss my child may sustain.

I confirm that my child has adequate health, property, and other necessary insurance to cover any injury or damage he/she/they may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further declare that he/she/they is physically fit and prepared to perform in this competition without endangering his/her/themselves or others.

Parent/Guardian Consent:

As the parent/guardian of _____ I confirm the accuracy of all information provided and agree to the terms of this liability release form on behalf of my child.

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____
