

The Community Music Network, Inc.
MUSIC PROGRAM WAIVER /RELEASE FROM LIABILITY

AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I agree to pay all participation fees. I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Pamela West-Finkle, The Community Music Network, Inc., the Andes Public Library, the Town of Andes, the Headwaters Arts Center, The Roxbury Arts Group, the Hobart Activity Center, as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with The Community Music Network., including classes, rehearsals, performances, or other activities. I understand that interactive music, dance/movement, and performance art activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by The Community Music Network., and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous activities and other training connected with musical performance. I also understand that in a mixed age family class, it is my responsibility to supervise my child to ensure the safety of all.

Further I understand and acknowledge that because of the physical nature of hands-on, group music interaction, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary.

___ I have carefully read this Agreement, Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

___ I also authorize The Community Music Network to use photos and videos of my child/myself, for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize The Community Music Network to use photos and videos of the minor child for promotional purposes.

Date: _____ Signature: _____

Print Your Name: _____

Relationship to Child: _____ Child's Name: _____

Child's DOB: _____ Parent Email: _____

Home Phone: _____ Cell: _____ Other: _____

Mailing Address: _____

List anyone else who might bring your child to class and their email/phone number: _____