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Date

2023-2024 Music Explorers □ New □ Continuing ☐ Fall class begins September 2023 (start date TBD) ☐ Spring class January 2024 (start date TBD) Student's name Gender City Zip code Mailing address Preferred phone number **Email address** Guardian 1's name Primary phone Guardian 2's name Primary phone Tuition (registration will be accepted until class is full): \$162 per 12-week semester (Ages 3-5)Thursdays, 5:00 – 5:30 PM at the Orange Tree Lane CSMA studio. Payment Method: (please select one) Check # \_\_\_\_\_ Check amount \_\_\_\_\_ ☐ Check enclosed (payable to CSMA) Amount to charge \_\_\_\_ ☐ Credit Card \* \* For security, payment information is <u>not</u> kept on file. You may also call (909) 748-8844 to process payment by phone. Credit Card # Expiration / Signature \_\_\_\_\_ Security Code \_\_\_\_\_ BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING: Any outstanding balance from previous terms must be paid in full in order to register. Payment for the semester is due upon registration. No refunds will be issued after the second class. If registering for the Fall 2023 term, I will be automatically enrolled in the Spring 2024. Should I need to withdraw, I will promptly notify the CSMA office by phone or email.

Participant's Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Student or Parent/Guardian Signature (if student is under 18)

In consideration of being permitted to participate in the Music Explorers at the University of Redlands, I, on behalf of myself, my executors, heirs, administrators and assigns, hereby voluntarily agree to release, waive, discharge, indemnify, hold harmless, and agree not to sue the University of Redlands, its trustees, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Music Explorers, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, or which third parties have or may have in the future, as a result of damages, injuries, including death, relating to the Music Explorers or travel to and from the Music Explorers, arising out of or incident to any negligent act or omission by the University of Redlands, its trustees, officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Music Explorers. I knowingly and voluntarily give up valuable legal rights, including the right to sue. Further, I shall defend at my own expense, including attorney's fees, with an attorney selected by the University of Redlands, the University of Redlands in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct.

I understand and agree that there are risks of harm associated with participating in the Music Explorers which may give rise to bodily injury, and/or property damage. I understand that I will be responsible for my own transportation. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the Music Explorers, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the University of Redlands, including all acts of negligence of the University of Redlands. I, the negligence of others, or by the negligence of the University of Redlands, its trustees officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Music Explorers may cause these risks and dangers. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in the Music Explorers.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Parent/Guardian Signature	Date
Parent/Guardian Printed Name	
If the participant is under eighteen years c minor child.	of age, a parent's or legal guardian's signature is required for each
my minor children, executors, heirs, admi	nption of Risk, and Indemnity Agreement shall be binding on me and nistrators, and assigns. I further agree on behalf of my minor childrer ssumption of Risk, and Indemnity Agreement shall be binding on ators, and assigns.
WAIVER OF LIABILITY, ASSUMPTION OF GIVING UP VALUABLE LEGAL RIGHTS REPRESENTS A CONTRACT BETWEEN T	ERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND FRISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO AGREEMENT OF MY OWN FREE WILL.
Print Name of Minor	
Parent/Guardian Printed Name	
Parent/Guardian Signature (if under 18)	
 Date	 Phone Number



## VIDEO/PHOTO/AUDIO CONSENT FORM

("Participant") do hereby consent to a	nd authorize the University o	
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I understand that this consent is perpetual, that I may not revoke it, and that it	is binding on me, my heirs and	
assigns. I warrant that I am either at least 18 years of age or that I am the legal guardian o I am competent in my own name insofar as this consent is concerned, and that I to grant this consent. I further attest that I have read this consent form and fully	have the full right and authority	
Description of media:		
<u>Photography</u>		
<u>Video Recording</u>		
<u>Audio Recording</u>		
Printed Name of Participant		
Age of Participant		
Address of Participant		
Signature of Participant	Date	
Signature of Parent or Legal Guardian of Participant (if under 18)	 Date	