

Payment Method: (please select one)

Check enclosed (payable to CSMA) Check # _____ Check amount _____

Credit Card (*payments may be made over the phone if preferred: 909.748.8844*)

Credit Card # _____ Expiration _____ / _____

Security Code _____ Signature _____

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 from String Project I will promptly notify the CSMA office by phone or email.**

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

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the **String Project** 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 **String Project**, 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 **String Project** or travel to and from the **String Project**, 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 **String Project**. 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 **String Project** 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 **String Project**, 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 **String Project** 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 **String Project**.

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 (if under 18)

Date

Parent/Guardian Printed Name

If the participant is under eighteen years of age, a parent's or legal guardian's signature is required for each minor child.

This Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on me and my minor children, executors, heirs, administrators, and assigns. I further agree on behalf of my minor children that this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on them and their executors, heirs, administrators, and assigns.

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.

Print Name of Minor

Parent/Guardian Printed Name

Parent/Guardian Signature (if under 18)

Date

Phone Number

I, _____ (“Participant”), do hereby consent to and authorize the University of Redlands (“University”) to copy, record, exhibit, publish, distribute or use my name, image, likeness, voice, or sound in any media, including but not limited to video, audio, photo, or any composite and artistic forms, in which the record is incorporated in whole or in part, regardless of whether these materials are used for fundraising, advertising, publicity, or any other lawful purpose on behalf of the University.

In addition, I waive all claims to compensation or damages based the University’s use of any material authorized by this consent. I also waive any right to inspect or approve any finished material in which my name, image, likeness, voice, or sound appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this consent.

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 of the minor Participant, and that I am competent in my own name insofar as this consent is concerned, and that I have the full right and authority to grant this consent. I further attest that I have read this consent form and fully understand its contents.

Description of media:

Photography

Video Recording

Audio Recording

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

Return completed form to the Community School of Music and the Arts (CSMA):

- Email: csma@redlands.edu • Mail: 1200 E Colton Ave, Redlands, CA, 92373 • Fax: (909) 335-5183