

ASSUMPTION OF RISK LIABILITY WAIVER & RELEASE

On behalf of my minor child _____, I hereby give permission to participate in the Centralized Learning at Sounds Of Excellence Music School. I acknowledge that my child's participation in this program is wholly voluntary and is not part of the regular school curricular program.

I do hereby agree and consent to my child's participation in the program during this school year and do assume all risks and hazards which are conducted as part of the associated activities. I hereby release, absolve, indemnify, and hold blameless Sounds Of Excellence School LLC , its officers, directors, employees, contracted employees, independent contractors, instructors, agents, organizers, and volunteers of any and all liability for damage, injury, or expense of any kind arising out of or connected with my child's participation in our Centralized Learning program. I understand that in case of a medical emergency, my own personal medical plan will be used if available; if not, medical aid may be sought while I am being contacted. In the event of any illness or injury, I hereby consent to whatever examination, diagnosis, or treatment and the hospital care from a licensed dentist, physician, and/or surgeon as deemed necessary for my child's safety and welfare. I understand that the resulting expenses will be my responsibility and not Sounds Of Excellence LLC , or any affiliates. As a condition of participation in the program by the student named in this application, I acknowledge that I have read this consent form, and knowingly, on behalf of my child, assume all of the risks associated with participating in any way in the program.

As consideration for being permitted to participate in the the Centralized Learning program, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue or attach the property of Sounds Of Excellence LLC, or their Affiliates or the supplier of any of the equipment used in these activities for injury or damage resulting from negligence, failure of care, omission or other acts, howsoever caused by an employee, agent or contractor of Sounds Of Excellence LLC. and any affiliate as result of incidental to my child participation in these activities. I hereby release, to the fullest extent permitted by law, Sounds Of Excellence LLC .and the affiliates, from any and all actions, claims, demands, or liabilities that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my son/daughter's participation in these activities irrespective of whether the same is based on breach of warranty, negligence, strict liability or any other theory or recovery.

Parent/Legal Guardian acknowledges that Centralized Learning at Sounds Of Excellence is an out-of-school program and not a licensed childcare or daycare facility.

I have read this agreement and agree to the conditions stated above.

Parent/Legal Guardian

Signature: _____

Parent/Legal Guardian

Name: _____

Date: _____

