

Student's name

Mailing address

Guardian 1's name

Guardian 2's name

Please select a class:

☐ Credit Card \*

Payment Method: (please select one)

☐ Check enclosed (payable to CSMA)

Security Code \_\_\_\_\_

Preferred phone number

## COMMUNITY SCHOOL OF MUSIC AND THE ARTS

Gender

City

\$162 Rhythm Explorers (ages 3-5)

\$224 Suzuki Explorers (ages 3-4)  $\square$  at the piano (max 4 students) ☐ with strings (max 4 students)

2025-2026 Music Explorers □ New □ Continuing ☐ Fall classes begin September 4, 2025 ☐ Spring classes begin January 22, 2026 Zip code **Email address** Primary phone Primary phone Thursdays 5:00 – 5:30 pm (12 weeks) Thursdays 4:30 – 5:30 pm (12 weeks) Check # Check amount \_\_\_\_\_ Amount to charge \_\_\_\_\_ \* For security, payment information is not kept on file. You may also call (909) 748-8844 to process payment by phone. Credit Card # \_\_\_\_\_ Expiration\_\_\_\_\_/

Date

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.
- Full payment for the semester is due upon registration.

Tuition (registration will be accepted until classes are full):

 $\Box$ 

No refunds will be issued after the second class.

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



## PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the Music Explorers at the University of Redlands, I, on behalf of myself, my family, executors, estate, heirs, administrators and assigns, hereby voluntarily agree to release, waive, discharge, indemnify, hold harmless, and covenant 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 lifting musical equipment, going up and down stairs with musical equipment, or outdoor activities in inclement weather or travel to and from the Music Explorers, arising out of or incident to any act or omission, including 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 acts, omissions or willful misconduct for which I am responsible.

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. These risks include, but are not limited to, Music Explorers. 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 hereby grant and convey to the University all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by the University in connection with my volunteering in Music Explorers, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I further expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the state or country where the Activity takes place and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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 Participant:	
Signature:	Date:
If the participant is under eighteen ye child.	ears of age, a parent's or legal guardian's signature is required for each minor
binding on me and my minor childre	Assumption of Risk, Covenant Not to Sue, and Indemnity Agreement shall be en, executors, heirs, administrators and assigns. I further agree on behalf of nd Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be s, heirs, administrators and assigns.
WAIVER OF LIABILITY, ASSUMPTIO GIVING UP VALUABLE LEGAL RIG	UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND IN OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AMBETS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT EEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO VN FREE WILL.
Print Name of Minor:	
Print Name of Parent/Guardian:	
Parent/Guardian Signature:	
Date:	Phone Number:



## VIDEO/PHOTO/AUDIO CONSENT FORM

I, ("Participant"), do hereby consent to and a		
Redlands ("University") to copy, record, exhibit, publish, distribute or use my name sound in any media, including but not limited to video, audio, photo, or any compatible the record is incorporated in whole or in part, regardless of whether the fundraising, advertising, publicity, or any other lawful purpose on behalf of the University.	posite and artistic forms, ir ese materials are used fo	
In addition, I waive all claims to compensation or damages based the University's use of any material a by this consent. I also waive any right to inspect or approve any finished material in which my nam likeness, voice, or sound appears.		
I hereby hold harmless and release and forever discharge the University from all cla of action which I, my heirs, representatives, executors, administrators, or any other p 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 bit	nding 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 I am competent in my own name insofar as this consent is concerned, and that I have the full right and author to grant this consent. I further attest that I have read this consent form and fully understand its contents.		
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	