

LIABILITY WAIVER FORM

This form must be signed and returned to the office before classes begin. The signature below must be of the parent or guardian of a child attending the University of Louisville Suzuki Studies Program (including siblings) or adult student.

1. I agree to release the University of Louisville, their trustees, officers, directors,= employees, volunteers, agents of assigns from any liability or damages incurred as a result of the use of University of Louisville facilities or participation in the Suzuki Studies Program. I also agree to indemnify the University of Louisville and their trustees, officers, directors, employees, volunteers, agents or assigns and hold them harmless from any and all action resulting from the use of these facilities or participation in Suzuki Studies Program events.

2. It is understood that each parent or guardian (or adult student) takes full responsibility for the supervision of their child (children or self) outside of class time. Any injury or accident that occurs shall be the responsibility of the parent or guardian (or adult student).

3. My child’s (my) photo may be used for promotional purposed including print and internet.

My signature below signifies that I understand and accept the terms listed above.

Name(s) of child/ children attending the Suzuki Studies Program, including siblings, or adult student
(print)

Signature of Parent/ Guardian (required) _____
or adult student

Date _____ Please print parent/ guardian name _____

Please submit this form to complete registration:

Suzuki Studies Program attn: Michael Hill
University of Louisville School of Music
Louisville, KY 40292