Waiver of Liability & Release for In-Person and Virtual Programs
Music for Your Life Programs
University of South Carolina School of Music

As a participant (or parent of a minor) in Carolina Music Studios offered by the University of South Carolina School of Music, I understand and agree to the following terms set forth:

Music For Your Life Policies
• If the university campus is closed for a holiday (such as Labor Day), community program activities are cancelled.
• If the university is closed due to weather or other unforeseen circumstances, community program activities are cancelled. At the discretion of the program director, activities may be moved to a virtual format as necessary or appropriate.

Carolina Music Studios Expectations for Classes and Lessons
Examples of program specific expectations include:
• In-person lessons are offered only if the student and teacher agree. Lessons will continue in the online format for all others.
• Virtual lessons are equivalent to in-person meetings for all curricular and policy matters.
• In-person lessons will be scheduled with time in-between (except in the case of sibling lessons) to reduce building congestion and allow for sanitizing procedures.
• Students may enter the building at the assigned in-person lesson time to reduce the amount of congestion in the building.
• All students and teachers are required to wash or sanitize hands directly prior and after in-person lessons.
• Teachers will sanitize piano keyboards, music stands, and other in-person lesson materials between use.

COVID-19 Safety Measures (in-person lessons and classes only)
In an effort to maintain the health and safety of our teachers and community learners, and to limit the spread of the virus on campus and neighboring communities, the following required safety measures are in effect:

• Any participant or teacher who experiences symptoms (i.e. temperature at or above 100 degrees, cough, shortness of breath, sore throat, loss of taste of smell, etc.) or has been exposed to someone who is currently sick with suspected or confirmed COVID-19 within the last 14 days should NOT come to campus.
• Participants must maintain appropriate social distancing requirements.
• Participants must provide their own face covering. Face coverings must be worn while inside School of Music facilities.
• The number of participants in group activities will be reduced to adhere to University social distancing guidelines.
• Surfaces will be sanitized regularly; shared materials, such as music stands and piano keyboards, will be sanitized after each use.
• Due to space limitations, there is no public waiting within School of Music buildings.
• You hereby acknowledge that you understand that although you may follow all applicable COVID-19 safety measures, it is still possible that you may be exposed to COVID-19 whenever you encounter other persons in the community generally or on the University of South Carolina’s campus. You voluntarily assume the risk of exposure to COVID-19 as a result of your daily interactions with others while on campus.

Participant Name

Participant Signature ______________________ Date ______________________

Parent/Guardian Signature (required) ______________________ Date ______________________
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PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE SIGNING THIS DOCUMENT.

In consideration of being permitted to participate in Carolina Music Studios:

I, ____________________________, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release and forever discharge the University of South Carolina School of Music, its members and the University of South Carolina, its affiliated entities, its officers, agents and employees, from and against any and all claims, demands, actions or causes of action, for costs, expenses or damages to personal property, or personal injury, or illnesses, paralysis, or death, which may result from my participation in the aforesaid activities.

I acknowledge that my participation in the above described activities is voluntary. I also understand and acknowledge that the aforesaid activities may be hazardous, that my participation is solely at my own risk, and that I voluntarily assume full responsibility for any resulting loss of property, illnesses, injuries, paralysis, or damages including death.

I recognize that this Waiver of Liability and Release means that I am giving up, among other things, right to sue the University of South Carolina School of Music, its members and the University of South Carolina, its affiliated entities, its officers, agents and employees for injuries, damages or losses I may incur as a result of my participation in the aforesaid activities. I also understand that this Waiver of Liability and Release binds my heirs, executors, personal relatives, attorneys-of-law, attorneys-in-fact, administrators and assigns, as well as myself. I further agree to indemnify and hold the University of South Carolina School of Music, its members and the University of South Carolina, its affiliated entities, its officers, agents and employees harmless from any loss, liability, damage or cost including court costs and attorney’s fees incurred as a result of my participation in these activities. The Waiver of Liability and Release shall be governed by and construed under the laws of the state of South Carolina.

Photo Release
I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to
1. Record my likeness and appearance on video tape, audio tape, film, photograph or any other medium; and
2. Use my name, likeness, voice, and biographical material in connection with these recordings; and
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

I acknowledge and represent that I am at least eighteen years of age, that I have carefully read this document and that I sign freely and voluntarily.

I have read this entire Waiver of Liability and Release. I fully understand it and agree to be legally bound by it.

_____________________________  __________________
Participant Name        Date

Participant Name

___________________________________________
Participant Name

Signature of Participant        Date