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
- Students under the age of 18 should not be left unsupervised in the School of Music building or outside grounds for any reason at any time.
- 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/parent 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.
- Parents/students may enter the building at the assigned in-person lesson time to reduce the amount of congestion in the building.
- All students, parents, 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
### Student Release-Pick Up List

I agree that my child may only be released to the following individual(s) during the program. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission. If your child is riding with another participant, please indicate the driver’s name below.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>2. ___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

My child MAY NOT be released to the following individuals:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Other Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>2. ___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Please attach court or legal documents as appropriate for individuals who are not to pick up your child.

### Emergency Contact #1

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Relationship: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home: (   )____________________</td>
<td>Work: (   )____________________</td>
</tr>
</tbody>
</table>

### Emergency Contact #2

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Relationship: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home: (   )____________________</td>
<td>Work: (   )____________________</td>
</tr>
</tbody>
</table>

Participant Name

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Parent/Guardian Signature (required) ___________________________ Date ___________________________
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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:

Consent and Waiver
In consideration of my child, the participant, being permitted to participate in the above program, I, and on behalf of my child, agree and understand that:

- My child will abide by all the rules, guidelines, regulations, and code of conduct of USC and/or program requirements;
- My child will be in a one-on-one setting with the instructor(s) either in-person or virtually;
- My child may be asked to leave the program if I or my child do not abide by the rules, regulations, and code of conduct of USC and/or the program;
- My child’s participation in this program is voluntary;
- I recognize that my child’s participation in the program carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this program and I freely assume the risks and consent to my Child’s participation;
- I further declare that my Child is fit and capable of participating in the program.

Photo Release
I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:

- Record my child’s likeness and appearance on videotape, audiorecording, film, photograph, or any other medium;
- Use my child’s name, likeness, voice, and biographical material in connection with these recordings;
- 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.

Waiver and Release of Liability
Further, in consideration for my child being permitted to participate in the lessons or class, I, on behalf of my child, and as the natural parent and/or as the legally authorized guardian, do hereby for my child, myself, my family, heirs, personal representatives, and assigns, agree to, and hereby do, release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, the members of its Board of Trustees, individually and collectively, its officers, employees, servants, agents, representatives, directors, students, volunteers, and anyone acting on behalf of the University of South Carolina, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my child or me, or any person or entity acting on my or my child’s behalf, arising out of, or in any way associated with my child’s participation in the program.

I warrant I am the parent or authorized legal guardian of the participant in the program, and I warrant that I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

______________________________
Participant Name

______________________________  ______________________
Participant Signature  Date

______________________________  ______________________
Parent/Guardian Signature (required)  Date