

**Guidelines & Expectations**  
**University of South Carolina School of Music**  
**Community Activities and Programs**

As a participant (or parent of a minor) involved in *auditions and/or community activities* offered by the University of South Carolina School of Music faculty, I understand and agree to the following terms set forth:

**School of Music Community Activities and Programs**

- Students under the age of 18 should not be left unsupervised with 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 activities are cancelled.
- If the university is closed due to weather or other unforeseen circumstances, community activities are cancelled. At the discretion of the School of Music administration, activities may be moved to a virtual format as necessary or appropriate.
- Expectations for community classes and lessons: Music classes and instruction are unique learning experiences offered by the School of Music and its faculty. Consequently, students may be in an instructional setting with the instructor as the only adult present in the classroom.
- I hereby acknowledge that I have read and agree to the Participant Policies for any specific Community Activities.

**COVID-19 Safety Measures**

- Any participant who experiences symptoms (i.e. temperature at or above 100°, cough, shortness of breath, sore throat, loss of taste or 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.
- ***All programs and its participants are required to adhere to current UofSC policies regarding face-coverings and mitigations. There are no exceptions to these policies. For current information regarding face coverings and distancing requirements at UofSC, please visit this website.***  
<https://sc.edu/safety/coronavirus/>.
- You hereby acknowledge 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

**Waiver of Liability & Release**  
**University of South Carolina School of Music**  
**Community Activities and Programs**

**Photo Release**

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

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

To **opt out** of the photo release, please initial and write "opt out" \_\_\_\_\_

**Student Release-Pick Up List**

I, furthermore, agree that my child may only be released to the following individual(s) during the program. 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. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

My child MAY NOT be released to the following individuals: \_\_\_\_\_ Other Information: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

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

**Waiver and Release of Liability**

Further, in consideration for my child being permitted to participate in the program, 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

**Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_