UNIVERSITY OF ALBERTA
AUGUSTANA CAMPUS

MUSIC REIMAGINED

AUGUSTANA CONSERVATORY OF MUSIC

CONTRACT FOR PRIVATE MUSIC INSTRUCTION

STUDENT		AGE
PARENT/GUARDIAN	PHONE #1	□ home □ work □ cell
EMAIL	PHONE #2	□ home □ work □ cell
ADDRESS		POSTAL CODE

INSTRUMENT	LESSON LENGTH	DETAILS	FEE

CONDITIONS

1. The number of lessons offered over the academic year in a single instrument is varies between 22-30 and is dependent on the teacher they are assigned to.
2. The student is entitled to receive a reasonable number of make-up lessons (generally two per term) to replace any lessons missed with prior notice or due to a legitimate emergency. The student is responsible for informing the appropriate instructor or the Conservatory Administrator as far in advance as is possible.
3. A **non-refundable** deposit of $30 is required at the time of registration to secure a spot in the appropriate studio. Arrangement of how the balance will be paid needs to be done by September 1. Option will be provided.
4. The student may request to be released from this contract before lessons begin in each term. The following conditions will apply:
   a) If the request is received by the Conservatory Administrator and approved at least 24 hours prior to the first scheduled lesson of the year, a full refund minus the $30 non-refundable deposit, will be granted.
   b) If the request is received by the Conservatory Administrator and approved **prior to December 15th**, a refund for the second half of the contract will be granted.
   c) **NO REFUNDS WILL BE GRANTED AFTER DECEMBER 15th.**
5. All inquiries regarding refunds, withdrawal from lessons and other administrative issues should be directed to the Conservatory Administrator and ***NOT*** the individual instructors.

ASSUMPTION OF RISKS, RELEASE OF LIABILITY & INDEMNIFICATION

I acknowledge and understand that there are risks associated with my participation in the Community music lessons and I freely accept all such risks, dangers and hazards, including the risk of severe or fatal injury, associated with my participation. These risks include, but are not limited to: the possibility of physical injury due to slips, trips, and falls; (2) general health risks such as, but not limited to, allergic reactions to gloves and hand cleaning products; and (3) potential exposure to infectious and communicable disease, including but not limited to COVID-19.

I hereby state and verify that I am physically and mentally fit to participate in the above-noted event. By voluntarily signing this agreement, I agree to assume and accept full responsibility for any and all injuries, loss or damage, which I might sustain while participating in the above-noted event, now or in the future.

I further hereby agree to indemnify, release and hold harmless The Governors of the University of Alberta, their officers, employees, and volunteers (hereinafter referred to as the "University") from any damage to University property caused by me; any and all liability or damage to the personal property of, or personal injury to, any third party caused by me; and any and all claims, demands, actions and costs which might arise out of my participation in the above-noted event except to the extent that such claims, demands, actions and costs may have been caused by the negligence of the University.

- ***I acknowledge that I have read and understood this agreement before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives.***
- ***I acknowledge and agree to follow any and all rules and guidelines set out by the University and its representatives related to the above-noted activity and any related activities, including guidelines regarding social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases. I will follow health authority self-isolation guidelines and stay home if I feel ill.***
- ***I have read, received a copy of, and agree to be bound by the terms and conditions of this contract for private music instruction through the Augustana Campus Conservatory of Music as specified above.***

SIGNED THIS _____ day of _____, 20_____, at _____ (City, Province)

_____	_____
STUDENT (OVER 18) / PARENT OR GUARDIAN	MUSIC PROGRAM COORDINATOR
_____	Charlene Brown _____
PRINT NAME	PRINT NAME

Protection of Privacy - Personal information provided is collected in accordance with Section 4(c) of the Alberta *Protection of Privacy Act* (POPA) and will be protected in accordance with section 10 of the Act, and used and disclosed in accordance with sections 12 and 13 of the Act. It will be used and disclosed for the purpose of Augustana Conservatory business only.

The University of Alberta uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included in these automated systems.
Should you require further information about collection, use and disclosure of personal information, please contact the Augustana Music Program Coordinator via augmusic@ualberta.ca