

AUGUSTANA CONSERVATORY OF MUSIC MUSIC TOGETHER Registration

STUDENT (participating siblings should also be listed)		AGE (list age of each child)
PARENT/GUARDIAN	PHONE #1	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
EMAIL	PHONE #2	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
ADDRESS		POSTAL CODE

PLEASE CHECK DESIRED CLASS AND TYPE OF REGISTRATION:

- | | | | |
|--|------------------------|-------------------------|--------------------------|
| Fall 10 weeks (Begins in Sept): | Mondays 9:00 am | Mondays 10:15 am | Thursdays 5:15 pm |
| <input type="checkbox"/> First child: \$190
<input type="checkbox"/> Sibling: \$110 | | | |
| Winter 8 weeks (Begins in Jan): | Mondays 9:00 am | Mondays 10:15 am | Thursdays 5:15 pm |
| <input type="checkbox"/> First child: \$170
<input type="checkbox"/> Sibling: \$90 | | | |
| Spring 8 weeks (Begins Mar): | Mondays 9:00 am | Mondays 10:15 am | Thursdays 5:15 pm |
| <input type="checkbox"/> First child: \$170
<input type="checkbox"/> Sibling: \$90 | | | |

1. A **non-refundable** deposit of \$30 is required at the time of registration to secure a spot in the appropriate class. The balance of fees can be paid by one of the following:
 - a) Providing a credit card number for processing
 - b) Making a lump sum payment.
2. REFUNDS
 - a) **NO REFUNDS WILL BE GRANTED AFTER THE FIRST WEEK**

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.

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- ***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

CONSERVATORY ADMINISTRATOR

PRINT NAME

PRINT NAME

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of administering the Community music lessons and/or to communicate with the emergency contact in case the participant is seriously injured or ill. Direct any questions about this collection to: Charlene Brown, Conservatory Administrator, Augustana Faculty, Fine Arts and Humanities, 4901- 46 avenue Camrose AB T4V 2R3, 780-679-1673, charlene.brown@ualberta.ca