



Liability & Media Release Form - Required of all students

If registering online, simply check the appropriate box when prompted to indicate agreement to the terms below. If registering in person, sign this form and submit to Community Music School, P.O. Box 387, Centerbrook, CT 06409 or info@cmsct.org

Due within two weeks of registering for any program

Student's Name: _____

Parent/Guardian: _____

RELEASE OF LIABILITY: I release all rights and claims that might be had against the Community Music School, its hired or contracted instructors, their employees and agents, for all and any injuries or losses which may be suffered because of my own or my child's participation in any registered activity and authorize the Community Music School and its employees/agents to provide emergency treatment on my own or my child's behalf. I understand that the Community Music School will not be held responsible for any injuries sustained as a result of participation in this program.

In the event of an emergency, we will call 911 and then try to reach you as soon as possible. Your child will be transported, if needed, to the Middlesex Hospital Emergency Clinic in Westbrook.

MEDIA RELEASE FORM: Unless CMS is given advance written notice to the contrary, students, upon registration, give consent for the School to take photos, audio, or video footage of classes, lessons, and/or concerts/recitals without advance notice. You are giving CMS permission to use the photos, recordings, and videotapes of the student for and not limited to marketing materials, grants, proposals, press releases; royalty-free in its print, audio and electronic promotional efforts, including its website or social media. This consent also authorizes release from any expectation of confidentiality for minor children of a parent or legal guardian. If you would like to discuss this, or have any misgivings, please speak to the Executive Director.

By signing here, I agree to the terms above and on the Community Music School's website at cmsct.org/policies

Signature of Parent/Guardian

Print Name

Date