



Hold Harmless Agreement / Release of Liability Waiver

To be signed and returned before joining the Sycamore Strings Academy, or attending rehearsal with Sycamore Chamber Orchestra or Sycamore Junior Chamber Orchestra

The undersigned parent/musician indemnifies and agrees to hold harmless Sycamore Strings Academy, called SSA, its teachers, officers, instructors, agents, owner and director, and assigns from any and all liability whatsoever, for any damage or injuries, and from any and all claims and demands, including attorney fees, arising out of the party's participation in live lessons, orchestra, classes, workshops, performances, and other related activities provided by members of SSA.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the SSA and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the SSA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SSA employees, volunteers, and other students and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury and disability), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the SSA. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the SSA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the SSA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SSA class.

I have read, certify, and agree to the above terms and conditions of this agreement.

Date _____

Student Name – Printed _____

Student Signature (if student is 18 or over) _____

Parent/Guardian Signature (if student 17 or under) _____

