



Accident Waiver and Release of Liability

Student Name: _____
First Name *Last Name*

Parent/Guardian (if under 18): _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Acknowledgment of Risks

I, the undersigned, understand that participation in music lessons, classes, and related activities at **Playa Music Lessons** ("School") may involve certain inherent risks. While the School makes every effort to ensure a safe learning environment, I acknowledge that some activities—such as handling musical instruments and moving around the classroom—may carry risks of minor injury.

Release of Liability

In consideration of being permitted to participate in lessons and activities provided by the School, I, on behalf of myself or my child, hereby release and hold harmless the School, its instructors, employees, volunteers, and affiliates from any claims, damages, or liabilities arising from participation in the program, including any accident or injury that may occur. I understand that this waiver applies to ordinary risks associated with music instruction and related activities.

Authorization for Medical Treatment

In the event of a minor injury or illness, I authorize the School to seek basic first aid or, if needed, medical treatment on behalf of my child or myself. I understand that I am financially responsible for any medical expenses incurred.

Media Release

I grant permission to the School to capture and use photos or videos of me or my child for the purpose of promoting or documenting School activities. I understand these materials may be used in brochures, newsletters, social media, or the School's website.



Acknowledgment and Agreement

I have carefully read and fully understand this Accident Waiver and Release of Liability. By signing, I confirm that I accept these terms willingly and agree to abide by them.

Signature of Participant (or Parent/Guardian if under 18)

Signature: _____

Printed Name: _____

Date: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____