

Soto Academy of Music, LLC

3660 Del Mar Boulevard, Suites 10&11 ~ Laredo, TX 78041 ~ (956) 726-4006

Release Liability Form

Name of Participant(s): _____

Date: _____

Age: _____ DOB: _____ Gender: Female Male

1. In consideration for receiving permission to use Soto Academy of Music's facilities or to participate in Soto Academy of Music sponsored activities/programs. Hereby release, waive, discharge, and covenant not to sue Soto Academy of Music, its owner, its officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by negligence of the releases, or otherwise, while participating in such activity, or while in on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with participating in the event/program and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me, offspring, or property. I voluntarily assume full responsibility for any risks of loss, property damage, personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the releases or otherwise.
3. I further hereby agree to indemnify and hold harmless the releases, from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by the negligence of the releases or otherwise.
4. I understand that Soto Academy of Music does not maintain any insurance policy covering any circumstance arising from participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family, spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to use the above-named releases, I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
6. In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.
7. I am aware that class fees are payable on or before the first week of classes, and if I am in a installment payment, I am aware that to pay such class fees on the dates agreed or a \$30.00 late fee will be charged to my account. I am aware that registration and all tuition fees are non-refundable, even if me or my child stops taking classes at any time during the 2018 Fall Semester.
8. I am aware that this form is valid for a full calendar year.

Persons to notify in case of any emergency (Please write legibly):

Name Relationship (_____) Home Telephone (_____) Cellular (_____) Office Telephone

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Name of primary physician to be contacted should need arise (_____) Telephone

Name of alternate physician to be contacted should need arise (_____) Telephone

Please state any underlying medical condition that may be relevant.

Please indicate any medications to which the participant is allergic to (please include any food).

I give permission for the participant to:

- a. Receive emergency assistance as deemed necessary by Soto Academy of Music, LLC.
- b. Be transported to the nearest medical facility if deemed necessary by Soto Academy of Music, LLC.

Signature of Participant or, if under 18 years of age, of Parent/Guardian

Date