

**Please select from the following classes:**

For current class fees and schedules, please visit our website at [www.soundsofcolorstudio.com](http://www.soundsofcolorstudio.com) or call 714-624-8686.

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> Piano   | <input type="checkbox"/> Art                    | <input type="checkbox"/> French Club         |
| <input type="checkbox"/> Violin  | <input type="checkbox"/> Digital Art            | <input type="checkbox"/> Spanish Club        |
| <input type="checkbox"/> Guitar  | <input type="checkbox"/> French + Art Immersion | <input type="checkbox"/> Creative Writing    |
| <input type="checkbox"/> Ukulele | <input type="checkbox"/> Portfolio Prep         | <input type="checkbox"/> Musical Theater     |
| <input type="checkbox"/> Harp    | <input type="checkbox"/> Sewing & Craft         | <input type="checkbox"/> OCSA Audition Prep* |
| <input type="checkbox"/> Voice   | <input type="checkbox"/> Toddlers Time          | <input type="checkbox"/> Parent & Me         |

\*Sounds of Color Studio is not affiliated with Orange County School of the Arts (OCSA). Acceptance into OCSA, and your conservatory of choice, is not guaranteed. Admission decisions are made solely by the OCSA admissions committee. Sounds of Color Studio's audition prep classes are designed to help prepare students for the rigorous OCSA admissions process for select, competitive conservatories.

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ (First/Last)

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ (First/Last) Age: \_\_\_\_\_

Please list any known allergies, dietary restrictions, and/or medical conditions: \_\_\_\_\_

Is there any other helpful information you would like to share about your student?  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PLEASE READ AND INITIAL EACH ITEM AND SIGN AND DATE AT THE BOTTOM TO ACKNOWLEDGE YOUR AGREEMENT:**

\_\_\_\_ Class fees are non-refundable, non-transferable, and **PAYMENT IS ALWAYS DUE BY THE 1<sup>ST</sup> (FIRST) OF EACH MONTH.**

\_\_\_\_ **ANY MATERIAL FEES PAID UPON ENROLLMENT ARE NON-REFUNDABLE AND NON-TRANSFERABLE. IF YOU INTEND TO STOP A CLASS, NO AMOUNT OF THE PAID MATERIAL FEE (PRO-RATED OR FULL) WILL BE REFUNDED, NOR WILL ANY CLASS MATERIALS BE SENT HOME FOR PERSONAL USE.**

\_\_\_\_ Payments can be submitted through Zelle to Bri Harb at (714) 624-1221. Cash/check payments are also accepted but must be submitted by the 1<sup>st</sup> (first) of the month. **All late payments, including bounced/returned checks, will be assessed an additional, non-refundable late fee of \$30.**

\_\_\_\_ If you intend to stop a class, a written notice must be submitted at least 30 days in advance of the desired stop date.

\_\_\_\_ A minimum of 1 hour cancellation notice prior to a lesson is required to receive a future makeup lesson (if applicable) that will be coordinated for a day/time mutually convenient for both the student and teacher.

\_\_\_\_ If a month has 5 weeks of class, there is no additional charge for the fifth lesson.

\_\_\_\_ No refunds, pro-rates, or makeup lessons will be provided when the studio is closed during the following: Winter Break (TBA), Spring Break (TBA), Summer Break (TBA), Thanksgiving Break (TBA).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Waiver of Liability, General Release, Assumption of Risk and Indemnity Agreement

Sounds of Color Studio

Students | Registration & Tryouts

**PARTICIPANT'S NAME (PLEASE PRINT):** \_\_\_\_\_

**NAME OF CLASS:** \_\_\_\_\_

In consideration of participating in the aforementioned class, (hereinafter "The Activity"), at Sounds of Color Studio, I for myself, or on behalf of a minor, (hereinafter "Participant"), my heirs, personal representatives or assigns, and any other person or entity having rights with respect to the Participant, do hereby covenant not to sue and forever generally release, waive, and discharge, Sounds of Color Studio and its employees (collectively "Released Parties") from any and all liability, claims, demands, actions, causes of action, known or unknown, suspected or unsuspected, including but not limited to the Negligence of Sounds of Color Studio, or any of the other Released Parties resulting in personal injury, accident, illnesses and/or death and/or property loss, occurring during and/or arising from, or in connection with, but not limited to participation in The Activity.

## **ASSUMPTION OF RISKS:**

I understand that participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries or illnesses. The specific risks vary from one activity to another, but the risks range from 1) contagious illnesses such as COVID-19 2) minor injuries such as scratches, bruises and strains 3) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 4) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that the Participant's involvement is voluntary and that I knowingly assume all such risks.

## **INDEMNIFICATION AND HOLD HARMLESS:**

We also agree to INDEMNIFY AND HOLD Sounds of Color Studio and the other Released Parties, HARMLESS from any and all claims, actions, suits, procedures, costs, expense, damages and liabilities, including attorney's fees and costs brought as a result of the Participant's involvement in The Activity and to reimburse them for any such expense incurred.

## **SEVERABILITY:**

The undersigned further expressly agrees that the foregoing Waiver of Liability, General Release, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

## **AUTHORIZATION FOR MEDICAL CARE:**

Should it be necessary for the Participant to have medical care while participating in The Activity, I hereby give Sounds of Color Studio personnel and those acting on its behalf, permission to use their judgment in obtaining medical care, and I give permission to the physician or other medical care provider selected to render medical care deemed necessary and appropriate by the medical care provider. I understand that Sounds of Color Studio and the other Released Parties have no insurance covering such medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

## **MEDIA RELEASE:**

Unless specifically requested otherwise, I understand photos, videos, and sound recordings of the Participant's activities during or in connection with The Activity, excluding identifiable names, may be used on Sounds of Color Studio's social media, website, and other Sounds of Color Studio marketing material, and hereby consent to such use.

## **ACKNOWLEDGEMENT OF UNDERSTANDING:**

I have read this Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I warrant that I have full rights and authority to enter into this Agreement and acknowledge that I am signing the Agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature (Not Required If A Minor\*): \_\_\_\_\_ Date: \_\_\_\_\_

## **\*IF PARTICIPANT IS A MINOR, PLEASE SIGN BELOW:**

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_