



The Suzuki Music Association of California

Waiver and Medical Authorization

I, _____, am the parent or legal guardian of the student named below. I fully understand that my child is to accept all rules and requirements governing conduct during participation at Advanced Suzuki Institute. I understand and agree that I am responsible for the safety and supervision of the student named below, as well as any other children or persons attending Advanced Suzuki Institute activities as my guests. I also agree that it is my responsibility to carry instrument insurance and that I am responsible for any injuries or accidents that occur to my guests.

I, _____, voluntarily indemnify and hold harmless the Suzuki Music Association of California, the Advanced Suzuki Institute event, employees, agents, volunteers, and servants (herein collectively referred to as "SMAC") from any and all liability, loss, damages, costs or expenses (including attorney fees) arising out of or in connection with the above described participation. For the purposes of this agreement, liability, means all claims, demands, losses, causes of action, suits, or judgements of any and every kind that I, my child or children, or our respective heirs, guardians, relatives, executors, administrators or assignees may have against SMAC because of any death, personal injury or illness, or because of any loss or damage to property, or musical instruments that occurs during participation that results from any cause other than negligence. I understand and agree that my likeness or my child's likeness may be used in advertising materials with additional consideration, unless a written protest is received and agreed upon by the above-mentioned Institute/camp.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Signature of Parent or Guardian

Signature of Student

Address

Date

Phone Number

Health Insurance Company

Policy Number