

**Guidelines & Expectations**  
**University of South Carolina School of Music**  
**Community Activities and Programs**

As a participant (or parent of a minor) in the **Center for Piano Studies** offered by the University of South Carolina School of Music, I understand and agree to the following terms set forth:

**School of Music Community Activities and Programs**

- Students under the age of 18 should not be left unsupervised with the School of Music building or outside grounds for any reason at any time.
- If the university campus is closed for a holiday (such as Labor Day), community program activities are cancelled.
- If the university is closed due to weather or other unforeseen circumstances, community program activities are cancelled. At the discretion of the program director, activities may be moved to a virtual format as necessary or appropriate.
- I hereby acknowledge that I have read and agree to the Participant Policies for Community Activities.

**Center for Piano Studies Expectations for Classes and Lessons**

- In-person lessons are encouraged and online lessons will be made available for those who request it.
- Group classes will be held in person, in small groups, to allow for adequate social distancing.
- This class is a unique learning experience offered by the School of Music. Consequently, students may be in an instructional setting with the instructor being the only adult present in the classroom. Parents are welcome to attend, and parental attendance may be requested by the teacher or director.
- Online classes and lessons are equivalent to face-to-face meetings for all curricular and policy matters.
- I hereby acknowledge that I have read and agree to the Center for Piano Studies Policies.

**COVID-19 Safety Measures**

- Masks are required of all participants (parents, students, and instructors).
- All students, parents, and teachers are asked to wash or sanitize hands directly prior and after lessons.
- Teachers will sanitize piano keyboards and other lesson materials between use.
- Any participant who experiences symptoms (i.e. temperature at or above 100°, cough, shortness of breath, sore throat, loss of taste or smell, etc.) or has been exposed to someone who is currently sick with suspected or confirmed COVID-19 within the last 14 days should NOT come to campus.
- All programs will follow University-approved mitigation measures. For an update on University of South Carolina policies regarding COVID-19 safety and procedures, please visit this website: <https://sc.edu/safety/coronavirus/>
- You hereby acknowledge that although you may follow all applicable COVID-19 safety measures, it is still possible that you may be exposed to COVID-19 whenever you encounter other persons in the community generally or on the University of South Carolina's campus. You voluntarily assume the risk of exposure to COVID-19 as a result of your daily interactions with others while on campus.

Participant Name: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required)

\_\_\_\_\_  
Date

Waiver of Liability & Release In-Person Activities
University of South Carolina School of Music
Community Events and Programs

Photo Release

I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:

- 1. Record my child's likeness and appearance on videotape, audiotape, film, photograph, or any other medium;
2. Use my child's name, likeness, voice, and biographical material in connection with these recordings;
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

To opt out of the photo release, please initial and write "opt out" \_\_\_\_\_

Student Release-Pick Up List

I, furthermore, agree that my child may only be released to the following individual(s) during the program. Please do not ask us to rely on a verbal permission. If your child is riding with another participant, please indicate the driver's name below. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child.

Name: Relationship:
1. \_\_\_\_\_
2. \_\_\_\_\_

My child MAY NOT be released to the following individuals: Other Information:
1. \_\_\_\_\_
2. \_\_\_\_\_

Please attach court or legal documents as appropriate for individuals who are not allowed to pick up your child.

Waiver and Release of Liability

Further, in consideration for my child being permitted to participate in the program, I, on behalf of my child, and as the natural parent and/or as the legally authorized guardian, do hereby for my child, myself, my family, heirs, personal representatives, and assigns, agree to, and hereby do, release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, the members of its Board of Trustees, individually and collectively, its officers, employees, servants, agents, representatives, directors, students, volunteers, and anyone acting on behalf of the University of South Carolina, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me, or any person or entity acting on my or my child's behalf, arising out of, or in any way associated with my child's participation in the program.

I warrant I am the parent or authorized legal guardian of the participant in the program, and I warrant that I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

Participant Name: \_\_\_\_\_

Participant Signature Date

Parent/Guardian Signature (required) Date

Emergency Contact

Name: Relationship:

Home: ( ) Work: ( ) Cell: ( )

Name: Relationship:

Home: ( ) Work: ( ) Cell: ( )

**Waiver of Liability & Release for Virtual Activities  
University of South Carolina School of Music  
Community Activities and Programs**

As a participant (or parent of a minor) in the **Center for Piano Studies** offered by the University of South Carolina School of Music, I understand and agree to the following terms set forth:

**Consent and Waiver**

In consideration of my child, the participant, being permitted to participate in the above program, I, and on behalf of my child, agree and understand that:

- My child will abide by all the rules, guidelines, regulations, and code of conduct of USC and/or program requirements;
- My child will be in a virtual setting with the instructor(s);
- My child's participation in this program is voluntary;
- My child may be asked to leave the program if I or my child do not abide by the rules, regulations, and code of conduct of USC and/or the program;
- I recognize that my child's participation in the program carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this program and I freely assume the risks and consent to my child's participation;
- I further declare that my child is fit and capable of participating in the program.

**Waiver and Release of Liability**

Further, in consideration for my child being permitted to participate in the virtual class, I, on behalf of my child, and as the natural parent and/or as the legally authorized guardian, do hereby for my child, myself, my family, heirs, personal representatives, and assigns, agree to, and hereby do, release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, the members of its Board of Trustees, individually and collectively, its officers, employees, servants, agents, representatives, directors, students, volunteers, and anyone acting on behalf of the University of South Carolina, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me, or any person or entity acting on my or my child's behalf, arising out of, or in any way associated with my child's participation in the program.

I warrant I am the parent or authorized legal guardian of the participant in the program, and I warrant that I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required)

\_\_\_\_\_  
Date