



### Private Instrument Instruction Terms and Conditions (Lesson Policy)

<b>Block Tuition</b>	4 Week Block Tuition \$140.00 4-half hour lessons 4 Week Block Tuition \$280.00 4-hour lessons <i>Governed by the lesson policy below</i>
<b>Payment</b>	Tuition is due on the fourth lesson of the current Block to secure student's day and time for the next Block. <b>Blocks are consecutive.</b> If payment is not received, by the first lesson in the next block the student's day and time may be forfeited. <b>Cash or Check payments:</b> No additional fees <b>Credit or debit card payments:</b> Half hour Block Card fee \$4.00, Hour Block Fee \$8.00, PayPal Fees apply
<b>Teacher Absences:</b>	Teacher's absences will result in a rescheduled lesson in that Block, or a substitute teacher will be provided. If a student misses a rescheduled lesson, that lesson is forfeited. We do our best to accommodate student's schedule for reschedules. If the student refuses all available offered reschedules, the lesson is lost.
<b>Student Obligation</b>	Student is expected to show for all lessons. Lessons are scheduled for the same day and time each week. No show lesson(s) are lost and if the student is a no show for two consecutive lessons, the student's time slot may be forfeited. <b>There is no refund or reschedule for student's missed lesson including</b> vacation, sports activity, after school activity, and all non-medical emergencies. <b>Medical emergencies</b> may be rescheduled, if the student refuses all available offered reschedules the lesson is lost.
<b>Inclement Weather:</b>	Call <b>860-526-1190</b> the machine will be set to advice if your teacher or the studio has canceled lessons, or if your teacher will be online. Closing-for-weather will be posted at <a href="http://www.faceartsmusic.com">www.faceartsmusic.com</a> (Weather cancelations are subject to reschedule in person or online)
<b>Holidays:</b>	<b>Lessons will not be held on the following holidays</b> New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and the Friday after, Christmas Eve, and Christmas Day. Closed the 3 <sup>rd</sup> Saturday of July (Muster). <b>Lessons Do Not follow the public-school calendars or closings</b>
<b>In Person Students</b>	<ul style="list-style-type: none"> <li>Students must be fever free (<i>Masking requirements if needed will be posted at the door</i>)</li> <li>Students who have symptoms (i.e., fever, cough, or shortness of breath) should notify medical professionals, Face Arts Music and stay home.</li> </ul> All Students and legal guardian of minor students have read and agree to the terms and conditions of the COVID student responsibility and COVID release form
<b>Acceptance:</b>	This policy is subject to change without notice. Changes to this policy will be listed at <a href="http://www.faceartsmusic.com">www.faceartsmusic.com</a> . Your signature below is accepting these terms and conditions and future changes. I have read and agree to the above terms and conditions.  Signature of Acceptance: _____ Date: _____
<b>Contact Us:</b>	<ul style="list-style-type: none"> <li><b>Phone: 860-526-1190</b></li> <li><b>Email: <a href="mailto:facearts@sbcglobal.net">facearts@sbcglobal.net</a></b></li> </ul>
<b>Comments:</b>	

#### Contact Information

<b>Name:</b> <small>If minor enter parent name &gt;</small>		<b>Student's Name</b>	
Street		Phone:	
City/Zip		Cell:	Text: Y N
EMAIL		Work	
	Instrument	Day:	Time:
Teacher		Start Date	

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## COVID-19 Liability Release Waiver – Face Arts Music

In consideration of me and/or my child's participation, I the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Facet dba Face Arts Music that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death
- My child has not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I did not, nor any member of my household, visit any area within the United States that was reported to be a high risk state according to the state of CT within the last 30 days. list available at <https://portal.ct.gov/Coronavirus/Travel>
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days. Following the pronouncements above I hereby declare the following:
- I am fully and personally responsible for my own safety and my child's safety while participating and I recognize that I may be in any case be at risk of contracting COVID-19
- With full knowledge of the risks involved, I hereby release, waive, discharge the Facets dba Face Arts Music, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19
- I agree to indemnify, defend, and hold harmless the Facets dba Face Arts Music from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old, the legal guardian and/or custodial parent of the child named below, and am fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Signature below confirms you have read and agree to the above.

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If student is a minor Parent/Legal Guardian Must Sign

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name here \_\_\_\_\_