

ALL ACCESS MUSIC

LESSONS. WORKSHOPS. RECORDING.

PARTICIPATION FORM

Date: _____

Name: _____

Date of Birth: _____

Gender: M / F / Other Best Phone # _____

Parent/Guardian Name (if under 16): _____

Mailing Address: _____

Email Address (please print): _____

Additional Information (Please provide any additional information that you feel AAMS should know, IE: Allergies, Medical Concerns, etc.):

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

Relationship to Participant: _____

By entering the event premises, you consent to photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for promotional purposes, advertising, inclusion on websites, or any other purpose by ALL ACCESS MUSIC. You release ALL ACCESS MUSIC, and all persons involved from any liability connected with the taking, recording, digitizing, or publication of photographs, computer images, video and/or sound recordings.

By entering the event premises, you waive all rights you may have to any claims for payment or royalties in connection with any exhibition, streaming, webcasting, advertising, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video, or audio recording taken by ALL ACCESS MUSIC or the person or entity designated to do so by ALL ACCESS MUSIC.

By signing below, I consent and I certify all information is true and correct to the best of my knowledge.

Participant Signature (Parent/Guardian if a Minor if under 16)

Date

Witness Signature (Over the age of 16)

Date