



WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK FOR COMMUNICABLE DISEASES INCLUDING COVID-19

****Signature Required at Registration and Consent to possible Rehearsal Day Temperature Checks****

The Pikes Peak Home School Band organization cares for its members and strives to make the bands a safe and caring environment. With the uncertainty of the COVID virus/ variants, etc. and not knowing what will happen in the Fall and Winter we want to protect all our members and their families; knowing some are more susceptible or maybe caring for loved ones that are immune compromised the below procedures are encouraged to be followed to ensure the safety of all members, directors, and participants.

The Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Communicable diseases include but are not limited to; MRSA, influenza, and COVID-19.

Symptoms of COVID-19 include:

- Fever or Chills • Fatigue • Dry Cough • Sore Throat • Difficulty Breathing • Loss of Smell

I agree to the following:

- I consent to possible on-site daily temperature checks and acknowledge that I will not be admitted into the band area if my temperature is above 100.0 Fahrenheit
- I understand the above COVID-19 related symptoms and affirm that neither I, nor any member of my household, currently have, or have experienced the symptoms listed above within the last 14 days relative to any particular rehearsal date
- I affirm that neither I, nor any household members, have been diagnosed with COVID-19 within the past 30 days
- I affirm that neither I, nor any household members, have knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days
- I affirm that neither I, nor any household members, have traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30 days
- I affirm that should I, or any household members, develop any of the symptoms above, become sick, be exposed to or diagnosed with a communicable disease that I will willingly stay away from any and all band activities for a minimum of 14 days or until all effected persons are well again
- I understand that the Pikes Peak Institute of Music (PPIOM) or any other affiliated organization listed below cannot be held liable for any exposure to a communicable disease or the COVID-19 virus caused by misinformation on this form or by individual members not following the above precautions
- If I take any steps to make a claim for damages against PPIOM, Callen Music LLC, independent contractors, band members, the facility where the bands meet, or any other released parties, I shall be obligated to pay all attorney’s fees and costs incurred as a result of such claim

Pikes Peak Institute of Music (PPIOM) has put in place preventative measures to reduce the spread of communicable diseases however, PPIOM cannot guarantee the band members will not become infected with a communicable disease or be exposed to someone who has had a communicable disease. Being present at the PPIOM band meetings could increase the band members risk of contracting a communicable disease.

Additionally, these preventative measures may change as the Colorado State Government and health directives evolve and as conditions necessitate. The PPIOM, Callen Music LLC, Independent Contractors, and Band Members will follow all of these measures as required by law or mandate. The below signed



Institute of Music

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band/strings student and parent/guardian acknowledges the inherent risks associated with meeting in a group and it is the band/strings member and parent/guardians decision alone whether or not to participate in activities with PPIOM.

The below signed band/strings student and parent/guardian hereby expressly and specifically assumes the risk of possible infection and does hereby release, forever discharge, and hold harmless the organizations of; PPIOM, Callen Music LLC, any of its independent contractors, the facility where the bands meet, or any band member. Any and all liability, claims, and demands of whatever kind of nature either in law or in equity, which arise or may hereafter arise from the band/strings student or any household members /strings participation in activities at or otherwise related in any way to PPIOM band participation shall be waived.

PPIOM, Callen Music LLC, and its independent contractors agrees to abide by these standards and affirms the same.

This agreement, Waiver/Release of Liability and Assumption of Risk, is in effect from June 1, 2024 through June 30, 2024.

I HAVE FULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK FORM. UNDERSTAND ITS TERMS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE, WAIVER FROM LIABILITY, INDEMNIFICATION.

BY SIGNING BELOW, I (AS THE PARTICIPANT OR AS THE PARENT/LEGAL GUARDIAN OF THE MINOR IDENTIFIED BELOW) HEREBY ACCEPT AND AGREE TO THE TERMS AND CONDITIONS OF THIS RELEASE IN CONNECTION WITH MY (OR THE MINOR'S) ENTRANCE TO THE BAND/STRINGS PROGRAM

Printed Name of Band/Strings Student: _____

Band/Strings Student Signature: _____ Date signed: _____

PARENT/GUARDIAN SIGNATURE REQUIRED FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this student, have read and explained the provisions in this waiver/release to my student including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my student understands and accepts these risks and responsibilities. I for myself, my spouse, any household member, and student do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor student's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Printed Name of Parent/Guardian: _____

Parent Guardian/Signature: _____ Date signed: _____

This agreement also applies to the listed below additional family members present in the facility that ARE NOT participating in band/strings rehearsals:
