

# WAIVER AND RELEASE FROM LIABILITY

## **BEN RAZNICK, LLC**

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BenRaznick.com



## WAIVER AND RELEASE FROM LIABILITY

I, \_\_\_\_\_ (print your name) have chosen to have my child/children,

\_\_\_\_\_ (print child's/children's name),

participate in music instruction given by Ben Raznick, LLC. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in related activities, understanding that Ben Raznick, LLC is not in any way responsible for making that determination.

In consideration of my child's enrollment in any music program, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge Ben Raznick, LLC from all claims, costs, liabilities, expenses or judgments, including attorneys' fees and court costs for any occurrences in connection with any music instruction. I assume all risks to my child in connection with any instruction and further release Ben Raznick, LLC and its owners and employees from liability for any injury sustained by my child while he or she is enrolled in any music instruction program, including all risks connected with such activity whether foreseen or unforeseen.

I understand that Ben Raznick LLC is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding the music studio, and that Ben Raznick, LLC will only be supervising my child when he or she is participating in scheduled activities, programs or instruction.

I understand that Ben Raznick, LLC is not responsible for personal property that is lost, damaged or stolen while I or my child is at or on Ben Raznick, LLC property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in Ben Raznick, LLC activities and that Ben Raznick, LLC does not provide accident or health insurance for those participating in its instruction, activities or programs.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

\_\_\_\_\_  
(Signature of participant's parent or guardian) Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed name of participant's parent of guardian)

Address: \_\_\_\_\_

\_\_\_\_\_