

Thank you for your interest in Sounds of Color Studio! We're confident you'll love our classes, but if you want to make sure it's the right fit before enrolling, we happily offer a single tryout class option for many of our classes.* For current tryout fees and to schedule your tryout class, please visit our website at www.soundsofcolorstudio.com or call 714-624-8686.

*Maximum one tryout class offered per student per class. By appointment only. Availability subject to change. Tryout class fee is non-refundable and non-transferable.

Please select from the following classes:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Piano | <input type="checkbox"/> French + Art Immersion | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Violin | <input type="checkbox"/> Portfolio Prep | <input type="checkbox"/> Musical Theater |
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Kids' Dance | <input type="checkbox"/> Parent & Me: Piano |
| <input type="checkbox"/> Ukulele | <input type="checkbox"/> Kids' Cooking | <input type="checkbox"/> Parent & Me: Dance |
| <input type="checkbox"/> Harp | <input type="checkbox"/> Sewing & Craft | <input type="checkbox"/> Parent & Me: Toddlers Time |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Toddlers Time | <input type="checkbox"/> Parent & Me: French + Art Immersion |
| <input type="checkbox"/> Art | <input type="checkbox"/> French Club | |
| <input type="checkbox"/> Digital Art | <input type="checkbox"/> Spanish Club | |
| <input type="checkbox"/> Ceramics | | |

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ (First/Last)

Address: _____ City/Zip Code: _____

Cell Phone: _____ Email: _____

STUDENT INFORMATION

Student Name: _____ (First/Last) Age: _____

Please list any known allergies, dietary restrictions, and/or medical conditions:

Is there any other helpful information you would like to share about your student?

Emergency Contact Name: _____ Cell Phone: _____

PLEASE READ CAREFULLY AND SIGN BELOW:

- Tryout class fees are due prior to, or upon arrival to, the tryout class date/time
- Tryout class fees are non-refundable and non-transferable
- Payment can be submitted through Zelle to Bri Harb at (714) 624-1221. Cash/check payments are also accepted.
- Tryout classes are by appointment only
- A maximum of 1 tryout class is offered per student per class
- Participation in a tryout class does not guarantee enrollment. Enrollment is first-come, first-served. Availability subject to change.
- A minimum of 1 hour cancellation notice prior to the tryout class date/time is required to reschedule
- No tryout classes will be provided when the studio is closed during the following: Winter Break (TBA), Spring Break (TBA), Summer Break (TBA), Thanksgiving Break (TBA)

Parent/Guardian Signature

Date

Waiver of Liability, General Release, Assumption of Risk and Indemnity Agreement

Participant's Name (please print): _____

Name and Date(s) of Class, Camp Session(s) and/or Activity:

WAIVER – In consideration of being permitted to participate in any way as follows:

hereinafter called “The Activity” , I for myself, and on behalf of _____ (hereinafter “Participant”), my heirs, personal representatives or assigns, and any other person or entity having rights with respect to the Participant, do hereby covenant not to sue and forever generally release, waive, and discharge, Sounds of Color Studio and its employees (collectively “Released Parties”) from any and all liability, claims, demands, actions, causes of action, known or unknown, suspected or unsuspected, including but not limited to the Negligence of Sounds of Color Studio, or any of the other Released Parties resulting in personal injury, accident, illnesses and/or death and/or property loss, occurring during and/or arising from, or in connection with, but not limited to participation in The Activity.

Unless specifically requested otherwise, I understand photos, videos, and sound recordings of the Participant's activities during or in connection with The Activity, excluding identifiable names, may be used on Sounds of Color Studio's social media, website, and other Sounds of Color Studio marketing material, and hereby consent to such use.

Name of Participant: _____ Date: _____

Signature of Parent/Guardians of Minor: _____ Date: _____

Signature of Participant (not required if a minor): _____ Date: _____

ASSUMPTION OF RISKS:

I understand that participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries or illnesses. The specific risks vary from one activity to another, but the risks range from 1) contagious illnesses such as COVID-19 2) minor injuries such as scratches, bruises and strains 3) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 4) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that

are inherent in The Activity. I hereby assert that _____ participation is

voluntary and that I knowingly assume all such risks. Print Student Name

INDEMNIFICATION AND HOLD HARMLESS:

We also agree to INDEMNIFY AND HOLD Sounds of Color Studio and the other Released Parties, HARMLESS from any and all claims, actions, suits, procedures, costs, expense, damages and liabilities, including attorney’s fees and costs brought as a result of _____ involvement in The Activity and to
Print Student Name
reimburse them for any such expense incurred.

SEVERABILITY:

The undersigned further expressly agrees that the foregoing Waiver of Liability, General Release, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

AUTHORIZATION FOR MEDICAL CARE:

Should it be necessary for my child to have medical care while participating in The Activity, I hereby give Sounds of Color Studio personnel and those acting on its behalf, permission to use their judgment in obtaining medical care for the child, and I give permission to the physician or other medical care provider selected to render medical care deemed necessary and appropriate by the medical care provider. I understand that Sounds of Color Studio and the other Released Parties have no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Signature of Parent/Guardians of Minor: _____ Date: _____

ACKNOWLEDGEMENT OF UNDERSTANDING:

I have read this Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I warrant that I have full rights and authority to enter into this Agreement and acknowledge that I am signing the Agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name of Participant: _____ Date: _____

Participant’s Age (if a minor): _____

Signature of Parent/Guardians of Minor: _____ Date: _____

Signature of Participant (not required if a minor): _____ Date: _____