

Exodus Music LLC Parent/Guardian Media/Publicity Authorization and Liability Release



Media/Publicity Authorization

Exodus Music LLC requires your authorization to reproduce through printed, audio, visual, and/or electronic means, activities in which your pupil will participate in his/her education program. Your authorization will enable Exodus Music LLC to use prepared materials in relation to some or all of these activities: training teachers, promotional materials and advertisements, online education and entertainment, YouTube, mass media, displays, social media, musical recordings, and video recordings.

1. Name of Student Participant (please print)

2. Birthdate (please print)

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3. Name of Parent/Guardian (please print)

1. I, as parent or guardian of the above named pupil, fully authorize and grant Exodus Music LLC and its authorized representatives the right to print, photograph, record, stream, and edit as desired the biographical information, name, image, likeness, instrumental and/or vocal performance and/or speech of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
2. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
3. I understand and agree that Exodus Music LLC and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
4. I understand and agree that Exodus Music LLC and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
5. I hereby release and hold harmless Exodus Music LLC and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

Release of Liability

By signing this Waiver, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of music study and recreation activities. I also assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release Exodus Music LLC, its employees, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Exodus Music LLC, its employees, volunteers, or agents. I further agree to indemnify and hold harmless the facility in which the activity is held, and its employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be an occasion where the child named above may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child including hospitalization, in the event of an emergency. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and, again, I agree to pay for the medical treatment. I give permission for the staff or other medical staff to give over-the-counter medications as needed. I give permission to transport the child named above to a medical treatment center in a non-emergency or emergency vehicle in a medical emergency situation.

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My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian		5. Date Signed
<input type="text"/>		<input type="text" value="/"/> <input type="text" value="/"/>
6. Address (Number, Street, Apartment Number)		
<input type="text"/>		
7. City	8. State	9. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Cell Phone		11. Email
<input type="text" value="() -"/>		<input type="text"/>

**This agreement is required in order to participate.
Please return hand-signed and completed form to Exodus Music LLC.**

Email completed form as a PDF to ExodusMusicStore@gmail.com or mail a paper copy to:
3321 S. Oxbow Drive, Nampa, ID 83686

This form shall not be amended without written and signed approval of the owner of Exodus Music LLC.