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## PLEASE SIGN AND RETURN THIS FORM

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### *All Ears: Jazz and Improvised Music Workshop* Code of Conduct Participation Agreement

It is important that both the parent/guardian and the student recognize that the *All Ears: Jazz and Improvised Music Workshop* (named below also as “program” and “*All Ears*”) is a workshop that is open to students of all ages. At the workshop you will be surrounded by adult faculty, staff and fellow participants; however individual supervision is minimal. You MUST be mature enough to be responsible for your own behavior. If there is any question or doubt as to a student’s ability to conduct him/herself in an adult manner, please strongly reconsider registering for this workshop.

To insure that every participant’s experience is a positive one, we ask that you abide by the following Code Of Conduct:

1. Absolutely NO DRUGS, ALCOHOL, FIREWORKS, FIREARMS, or other WEAPONS will be allowed at the workshops or on campus.
2. Unless we have been otherwise notified, students are expected to attend all workshop events. In addition to these activities being the primary focus of the workshop, it is extremely important that we are able to locate students quickly in the case of emergency. If for any reason you are not able to attend a scheduled workshop event, you must notify a staff member immediately.
3. Students under 18 are not allowed under any circumstances to leave the campus without their parent/guardian. In the event of an emergency, students should locate the nearest faculty or staff member.
4. Students are required to sign in upon morning arrival and sign out upon afternoon departure. Our primary concern is your safety and your cooperation is necessary to ensure your safety.
5. All participants are expected to behave in a respectful, responsible and courteous manner towards faculty, staff and fellow students at all times.
6. Students are responsible for ALL of their belongings at ALL times.

If it is brought to our attention that a student is unable to abide by this Code of Conduct we will call the parent/guardian and send them home immediately without refund or reservation. Any inappropriate behavior will be handled at the discretion of the workshop directors. We accept absolutely NO responsibility for any behaviors in which participants may engage in that is destructive or endangers themselves or others.

By signing this form, I agree that I have carefully read and fully understand all of the above information. I understand that all policies stated above will be enforced and applied. I further agree and understand that if the student(s) fail to comply with the above policies, the student will be sent home immediately without refund of hesitation.

#### Photo / Video Policy

All participants agree that any photography or videography taken while participating in the *All Ears* may be used for promotional purposes for Capital District Jazz or *All Ears*.

### PARENT-GUARDIAN CONSENT AND ASSUMPTION OF RESPONSIBILITY FOR PARTICIPANTS UNDER 18 YEARS OF AGE

I understand that this is an all-ages workshop and that my child/ward is expected to behave in a responsible manner and attend all classes, rehearsals and concerts. I also understand that my child/ward is responsible for any prescribed medications he/she brings with him/her and is expected to store and administer those medications himself/herself. In exchange for allowing my child/ward to participate in the programs noted in this application to that limited extent, I, the adult legally responsible for my child/ward, expressly agree (1) to pay any damages to person or property, without limit, caused by him/her; (2) to release, indemnify and hold harmless Capital District Jazz Ltd, directors, officers, trustees, agents, servants, employees, staff, interns and faculty members who are independent contractors from any claim brought against any one or more of them by my child/ward. I further give workshop staff and faculty permission to secure appropriate medical care in the unlikely event of an emergency.

Parent/Guardian \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Student \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Emergency/Daytime Phone \_\_\_\_\_