



# THE UNIVERSITY OF SOUTHERN MISSISSIPPI

SCHOOL OF MUSIC—SOUTHERN MISS PIANO INSTITUTE

Name \_\_\_\_\_  Male  Female Age \_\_\_ Grade \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name (if student is under 18) \_\_\_\_\_  
 (This person will be responsible for all financial matters).

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Private Lessons**  Fall '20  Spring '21  Summer I '21  Summer II '21

Years of Study	*Instructor	Day	Time	Length	Fee

This day/time \_\_\_has \_\_\_has not been confirmed by the teacher.

*\*If you have no instructor preference, please write "needed" in the instructor field. Once this form has been reviewed, you will be contacted by the administrator to set up a placement audition/interview. Wherever possible, we will try to honor your teacher preference.*

**Teacher Request** (in order of preference)

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_

**Payment Calculation**  
 (Make checks payable to *USM School of Music*)

Annual Registration Fee	\$30.00
Private Instruction	
SMPI Scholarship Fund Donation (optional)	
<b>TOTAL AMOUNT DUE</b>	

Office Use Only	Date Rec'd ___/___/___
Payment Option: ___#1 ___#2	
Payment 1 with Registration Fee:	
Date Rec'd: ___/___/___	
Amount: \$_____ Check No. _____	
Payment 2:	
Date Rec'd: ___/___/___	
Amount: \$_____ Check No. _____	

## WAIVER AND POLICY STATEMENT

\_\_\_\_\_ (“My Child”) has my permission to participate in lessons and/or classes provided by the Southern Miss Piano Institute (“SMPI Program”) at the University of Southern Mississippi School of Music (“USMSOM”) on the campus of the University of Southern Mississippi (“USM” or “The University”).

### **ACKNOWLEDGEMENTS FOR ALL STUDENTS AND PARENTS OF STUDENTS IN THE PROGRAM (STUDENTS WHO ARE MINORS OR WHO ARE OVER THE AGE OF 18):**

I make the following acknowledgments on behalf of myself, or on behalf of myself and my minor child:

1. I understand that COVID-19 (commonly referred to as “coronavirus”) is a widespread, respiratory illness in which airborne droplets transmit the illness between individuals who are in close proximity to one another thereby posing a significant risk to the lives and health of all who are exposed to the virus ranging from personal injury up to permanent disability or death.
2. I also acknowledge that there may be other dangers, hazards and risks that may arise from my/my and My Child’s, actions, inactions, or negligence or from the actions, inactions or negligence of SMPI or USM or that of their employees, volunteers, program participants and their families as well as from the actions, inactions, or negligence of others inclusive of any other dangers, hazards, or risks not presently known or reasonably foreseeable.
3. I understand that while participating in the SMPI program there are risks and hazards associated with participating in the Program in both virtual and face-to-face formats including, but not limited to, loss of privacy, safety and security, claims, damages, personal injury, illness, property damage, disability, permanent disability, death, economic loss or expense of any kind that I may experience while attending the SMPI Program both related and unrelated to COVID-19.
4. On behalf of myself/myself and My Child, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself/myself of My Child (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/I or My Child may experience or incur in connection with my/My Child’s attendance/participation in the SMPI Program. On my behalf and on behalf of My Child, I hereby release, covenant not to sue, discharge, and hold harmless SMPI and USM, their employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Releasees, their employees, agents, and representatives whether a COVID-19 infection occurs before, during, or after participation in any SMPI Program.
5. I have reviewed the underlying conditions listed below which represent an increased risk of developing the coronavirus and hereby confirm that I/My Child do/does not suffer from any of those conditions:

- a. Chronic lung disease or moderate to severe asthma
- b. Serious heart conditions

- c. Severe obesity (body mass index (BMI) of 40 or higher
  - d. Diabetes
  - e. Liver Disease
  - f. High blood pressure
  - g. Immunocompromised condition (including those compromised because of chemotherapy or other such treatment).
6. I will advise SMPI Staff immediately if I/My Child or any member of our immediate family begins to exhibit any of the following symptoms: fever, respiratory symptoms (e.g. dry cough, cough, shortness of breath), aches and pains, chills, headache, sore throat, nasal congestion, diarrhea, fatigue, and loss of taste and smell and any other symptoms later identified by state and federal regulatory authorities as being a symptom of COVID-19.
  7. I acknowledge that no member of my/our immediate household: currently has COVID-19; has experienced any of the symptoms related to COVID-19 within the last 14 days, including but not limited to, the symptoms listed in paragraph 6 above; has been diagnosed with COVID-19 within the last 30 days; has been knowingly exposed to anyone diagnosed with COVID-19 within the last 30 days; has traveled outside of the country or to a city considered to be a “hot spot” for COVID-19 within the last 30 days.
  8. I understand that SMPI and USM cannot be held liable for any exposure to COVID-19 that occurs because of misinformation provided to SMPI and USM on any document or health history provided by each participant or their parent.
  9. I understand and acknowledge that although SMPI and USM or those acting on behalf of either have carefully put into effect preventative safety measures for both online or face-to-face participation in the SMPI Program, it is not possible to eliminate all inherent risks of injury to our immediate family, our property, claims, damages, personal injury, loss of online privacy and safety, property damage, and personal injury including death related to contracting COVID-19.
  10. I understand and acknowledge that use of remote technology to present the SMPI Program even if such technology is implemented with security and/or privacy prevention measures may result in my/My Child being exposed to controversial online materials accessible for both viewing and downloading.
  11. I understand and acknowledge that I/My Child and I will adhere to any and all rules relative to the safe usage of remote technology for presenting the SMPI Program and abide by any policies and procedures in place at the time of my/My Child’s participation in the SMPI Program with said policies and procedures incorporated herein by reference.
  12. I understand that if remote technology is needed for the SMPI Program to be presented, USM will implement safety precautions within any third-party application used for remote presentation of the SMPI Program, including, but not limited to, requiring individuals to forego sharing any meeting links and/or passwords with those not enrolled in the course; engaging in cyberharassment, online bullying and other forms of aggressive behavior that pose a risk to one’s own self and to others, which my/My Child and I agree to report to the Director of the SMPI Program.
  13. I acknowledge that I/My Child have/has the option to remain home, rather than participating in the SMPI Program.

14. I confirm that my decision to enroll myself/My Child in piano lessons is wholly voluntary and that no incentives or pressure have been placed upon me to motivate me to enroll myself/My Child and complete the class at this time.
15. I am electing to enroll myself/My Child and participate subject to the terms and conditions set forth herein.

## GUIDELINES

16. I understand and agree to comply with the following requirements that USM has issued relative to COVID-19 and will review and comply with any subsequent requirements that are issued as a result of changes implemented by USM, Mississippi State Department of Health, the CDC or any other state or federal agency.
- a. **Physical (Social) Distancing**-Staying at least 6 feet or about 2 arm's length from all people given that some individuals are asymptomatic carriers of the virus, including avoiding close contact with anyone exhibiting symptoms of illness. Physical distancing also includes foregoing any large gatherings (i.e. those with more than 10 individuals).
  - b. **Face Coverings**-Wearing of face coverings while on any USM campus, on any property owned or leased by USM, and on any property in which individuals engage in an activity related to the SMPI Program even if the property is not owned or leased to USM in addition to practice of social distancing as facial covering does not decrease the need for social distancing.
  - c. **Hand Hygiene**-Washing of hands after touching anything in a public area, after using the restroom, prior to eating and after touching one's face or blowing one's nose. Hands must be washed for at least 20 seconds all the while cleaning under fingernails and in between fingers as well as thoroughly drying hands. Use of hand sanitizer with 60% alcohol can be used if soap and water are not available.
  - d. **Coughing/Sneezing Hygiene**-Covering of nose and mouth, using a tissue when coughing or sneezing, or being sure to sneeze or cough into one's elbow if one does not have a face mask on in a private area.
  - e. **Daily Self Screening**-Reviewing the self-screening questions listed on <https://www.usm.edu/student-health-services/covid-19-health-protocols.php> to confirm no symptoms before returning to the SMPI Program.
  - f. **Screening**-I agree to allow School of Music Southern Miss Piano Institute staff to screen My Child for COVID-19, including, but not limited to, temperature checks and referral for medical testing.
  - g. **Refrain from Reporting to training/class**-If I/My Child and I exhibit/exhibits a temperature at or above 100.4 degrees Fahrenheit at any time, I/My Child and I will not report to training or class. If I/My Child do/does inadvertently report, I understand that I/My Child will be asked to leave, and will not be able to return until I/My Child meet/meets the requirements of paragraph h.
  - h. **Requirements to Return to Training Following Exhibiting Any Symptoms of Illness**-I agree to provide a doctor's confirmation in the form of a written release for me/my Child to return to training or class indicating the fever and/or other symptoms are not COVID-19 related or that I/My Child have/has become otherwise asymptomatic of COVID-19.
  - i. **Self-Checking**-I understand that after returning to lessons following illness, I am also responsible for monitoring my/My Child's symptoms and for immediately reporting any symptoms to the SMPI staff if any symptoms reoccur.

- j. **Hygiene Following Return to Training**-I agree that I/My Child will wear a facemask while participating in face-to-face lessons of the SMPI Program, and I/My Child will wear a non-cloth mask for 14 days after initial symptoms.

17. I agree that I/My Child and I will take all reasonable measures to comply with any and all such requirements provided to us, including, but not limited to, any requirements posted on any of the following webpages:

<https://www.usm.edu/covid-19/index.php>

<https://www.usm.edu/student-health-services/covid-19-health-protocols.php>

18. I acknowledge that I am signing this document freely and voluntarily with my intention being that my signature provide a complete and unconditional release of all liability to the greatest extent allowed by law.
19. I (including my-heirs, assigns, and personal representatives) hereby forever release, waive, agree to defend, indemnify, save and hold harmless the SMPI Program and USM from liability, and forever discharge The University, the Mississippi Institutions of Higher Learning (“IHL”), and IHL and their respective current or former agents or trustees and/or successors in interest, faculty members, officers, employees, agents, students, or other representatives, successors and assigns (“Releasees”) in their professional or personal capacity or otherwise from any and all liability to myself/My Child and myself, and My Child’s personal representatives, assigns, heirs, and next of kin, for any and all claims including all liabilities, claims of damages, demands, losses, actions, damages, actions or causes of action on account of damage to personal property, personal injury, death or costs or expenses of any kind arising out of or relating to any injury to myself/My Child and myself up to and inclusive of death, caused or alleged to be caused, in whole or in part, by the negligence of Releasees or otherwise incidental to my/My Child’s participation in the SMPI Program.
20. I acknowledge that I am at least eighteen (18) years of age and am the parent or legal guardian of the minor child.
21. In addition to all other rules and regulations applicable to participating in the SMPI Program, I fully understand, and I/My Child will comply with any and all safety precautions including, but not limited to, those related to COVID as are implemented by SMPI and/or The University of Southern Mississippi in order to protect as much as possible the health and safety of all participating in the SMPI Program.

### **PHOTO and VIDEO RELEASE FORM**

I am the parent/guardian of \_\_\_\_\_ (print full name of student) (“My Child”), and/or I am a SMPI Program participant age 18 or older. I grant SMPI, The University, and their agents or successors in interest the absolute right and permission to use photographic portraits, pictures, digital images, or video tapes of My Child and/or I, or in which My Child and/or I may be included in whole or in part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any University publication or on the University websites, without payment or any other consideration. Additionally, I waive any right to royalties or other compensation arising or related to the use of My Child or my image or recording.

I hereby waive any right that My Child or I, may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child or my likeness appear, or the use to which it may be applied.

I hereby release, discharge and agree to indemnify and hold harmless the University, the SMPI Program and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child or my photographic portraits, pictures, digital images, or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending toward the completion of the finished product, including publication on the Internet, in brochures, or in any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release on behalf of My Child or myself. By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

### **REFUND POLICY**

I understand and accept the policies of the Southern Miss Piano Institute as stated in the accompanying pages and accept responsibility for charges and fees incurred. If circumstances beyond the control of SMPI and The University of Southern Mississippi, including, but not limited to, a pandemic, natural disasters, weather-related events, mandatory closures required by state or federal agencies, or any and all unforeseen events that may affect normal operating status, require that SMPI present their Program using non-traditional modes of coursework content delivery, SMPI will implement an alternative teaching method at their or The University's discretion. Should I choose not to accept the alternative teaching method, a tuition refund will not be issued including a credit or partial refund, and lessons are not subject to being rescheduled.

I hereby sign this document verifying my consent to the terms and conditions contained herein.

Student's signature or parent/guardian signature if student is under 18:

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed waiver by email to:  
Ellen Price Elder, SMPI Director  
ellen.elder@usm.edu

Should you have questions, please contact:  
Ellen Price Elder, SMPI Director  
(601) 467-9745