



INSTRUMENT FREE-PLAY

PARENT / GUARDIAN PARTICIPATION AGREEMENT & LIABILITY WAIVER

Child / Participant Legal Name	Child Age	Date of Visit / First Participation
_____	_____	_____
Parent / Legal Guardian Full Name	Guardian Phone	Guardian Email (optional)
_____	_____	_____

1. Voluntary participation and risks

I request that the child named above participate in Little Notes Music Co., LLC (the “Company”) Instrument Free-Play activities. These may involve age-appropriate musical instruments, sound, movement, shared play areas, and contact with other participants. Possible risks include trips or falls, bumps, pinched fingers, broken pieces, minor injury, loud sound, sensory overstimulation, and other ordinary risks of interactive play. I understand that safety precautions reduce but cannot eliminate every risk.

2. Caregiver supervision and safe conduct

Instrument Free-Play is caregiver-accompanied, not drop-off childcare, unless a separate written arrangement explicitly states otherwise. I will remain on-site, actively supervise my child, follow staff instructions, support respectful turn-taking and safe use of materials, and promptly tell staff about relevant allergies, accessibility needs, or safety concerns. Staff may pause or adapt an activity for immediate safety reasons while seeking appropriate accommodations.

3. Proper care, safe handling, and damage to instruments

Musical instruments, accessories, stands, and teaching materials must be treated with care. I will help my child use only age-appropriate instruments as instructed; carry and set down instruments carefully; keep liquids and food away; use appropriate mallets or accessories; avoid force, throwing, climbing on equipment, pulling cords, disassembly, or deliberately damaging items; and promptly report any breakage or unsafe condition. Instruments remain the property of the Company or their respective owners. To the extent permitted by law, I may be asked to pay reasonable repair or replacement costs for intentional damage or damage caused by failure to follow clear handling rules. Normal wear and tear is excluded; there is no automatic charge for an ordinary accident.

Guardian initials - instrument care: _____

4. Health and emergency response

I will remain available to assist my child. If an urgent health or safety concern arises, I authorize staff to contact emergency services and provide reasonable first aid within their training. The Company will make reasonable efforts to contact me or the emergency contact provided. I understand that emergency responders determine medical care and that any charges are handled according to applicable law and insurance arrangements.

5. Express release for ordinary negligence

PLEASE READ CAREFULLY - RELEASE OF CERTAIN LEGAL CLAIMS

In consideration of permission to participate, I knowingly and voluntarily assume the ordinary risks described above and, for myself and to the extent California law permits on behalf of my child, release Little Notes Music Co., LLC and its owners, employees, instructors, volunteers, and independent contractors from claims for personal injury or property damage arising from their ORDINARY NEGLIGENCE in connection with Instrument Free-Play. This release does NOT cover gross negligence, reckless or intentional misconduct, or any other liability that cannot lawfully be waived. It does not waive rights that California law protects from waiver.

Guardian initials - liability release: _____



SAFETY VIDEO & MEDIA CHOICES

CONTINUED • INSTRUMENT FREE-PLAY PARTICIPATION AGREEMENT

6. Safety and security video recording

I understand that clearly designated shared activity or entry areas may have visible video-only cameras operated by the Company or its host venue for safety, security, attendance verification, or review of an incident. My child or I may appear incidentally in such footage. Cameras will not be placed by the Company in restrooms or private changing areas. Safety recordings are not permission for public posting or advertising; Company-controlled footage will be accessible only to authorized persons and disclosed as reasonably necessary for safety, incident response, or legal obligations. Host-venue recordings may be governed by that venue's own posted policies. I may ask staff where cameras are used before participating. The Company does not seek consent through this form to record confidential audio conversations; any such recording requires consent as applicable under California law.

Guardian initials - safety video acknowledgment: _____

7. Optional photo / video permission for publicity

This is SEPARATE from safety recording. Please choose one option below. A "Yes" allows the Company to photograph or video my child during activities and use selected images or clips (which may include non-confidential ambient sound) to show or promote its programs on its website, social media, printed materials, and other lawful business communications, without payment. My child's full name will not be published without separate permission. I may withdraw permission for future uses by writing to LittleNotesMusicCo@gmail.com; material already printed, distributed, or posted may not be fully retractable. Choosing "No" does not prevent my child from participating.

☐ YES - I authorize promotional photos/video of my child as described above.

☐ NO - I do not authorize promotional photos/video of my child.

Guardian initials for selected media choice: _____

8. Respecting other children's privacy

I agree not to photograph, film, livestream, or post images or recordings of another child without that child's parent or legal guardian's permission. I will comply with any reasonable posted rules concerning personal devices and recording.

9. Acknowledgment and duration

I have read this two-page agreement, have had an opportunity to ask questions, and am the child's parent or authorized legal guardian. I understand the instrument-care expectations, safety-video notice, optional publicity choice, and liability release. This agreement applies to Instrument Free-Play visits during the 12 months following the signature date, unless replaced by a new agreement or otherwise limited by applicable law.

EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)

Contact Name	Relationship	Telephone
_____	_____	_____

PARENT / LEGAL GUARDIAN SIGNATURE

Signature

Date

Printed Full Name

Relationship to Participant

Office use only: Staff initials: _____ Date received: _____ Participant file/reference: _____