

* Birth to 10 years *
 Jennifer Tutt
 (859) 245-5887



Mailing Address:
 601 Deltino Ct.
 Lexington, KY 40515

Event Application/Medical Release Form

ORGANIZATION / STUDENT INFORMATION

Today's Date: _____
 Organization's Name: _____
 Organization's Street Address: _____ City: _____ Zip: _____
 Organization's Phone: _____
 Director's Name: _____ Director's Phone: _____
 Student Age Range: _____
 How/from whom did you hear about us? _____
 Special medical conditions of any/all participants: _____

COORDINATOR INFORMATION

Coordinator Name: _____
 Street Address: _____ City: _____ Zip: _____
 Phone (Work): _____ Phone (Cell): _____

EVENT INFORMATION

Date of event: _____ Time of event (ex: 2:00—4:00): _____
 Amount of music time: (ex: 30 min., 45 min., etc.): _____ Music start time: _____
 Location:
 Street address: _____
 City: _____ Zip code: _____
 Estimated number of all children participating in the music time: _____
 Theme (if applicable): _____

RATES

<p>30 minutes of music: \$90 45 minutes of music: \$115 60 minutes of music: \$140</p>	<ul style="list-style-type: none"> ◆ If event is at Musikgarten of Lexington's studio, located at 121 Malabu Dr., Sts. 1 and 2, please add \$35 for use of the party room, kitchen, and music room for 2 hours or \$50 for 3 hours. ◆ Please mail payment with signed application as soon as possible to officially book the date. If booking with less than a week's notice, payment will need to be cash, money order, or cashier's check. ◆ If the event is outside of Lexington, please add \$25 for travel.
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I/We do hereby release, waive and discharge Musikgarten of Lexington, Inc. ("MOL") its employees, servants and agents, and Malabu-Brookhaven Condo Assoc., from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the child, parent/guardian or property which may arise out of or be related to any scheduled activity of MOL.

The information contained in this registration/medical release form is true and accurate to the best of parent/guardian's knowledge and belief. By signing below, the parent/guardian authorizes the release of this information to medical personnel for emergency situations involving the above named child and his/her parent/guardian. In any medical emergency, the parent/guardian hereby authorizes MOL, its employees, servants and agents, to admit, on behalf of the parent/guardian above-named child to a hospital for medical treatment. The parent/guardian hereby assumes responsibility for all costs and fees incurred for such medical treatment, and shall further hold harmless MOL, its employees, servants and agents, and Malabu-Brookhaven Condo Assoc., from any and all loss, liability, damage, or costs that may be incurred arising out of or related to such medical services.

I/We also understand that all fees paid to MOL are non-refundable. If the party child is ill, it is the responsibility of the parent to notify MOL as soon as possible. If a party has to be cancelled for illness, emergency, or inclement weather, MOL will reschedule for a new date if we receive adequate prior notice of the cancellation.

Date: _____ Signature of Director/Coordinator: _____