

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



Mailing Address:
 601 Deltino Ct.
 Lexington, KY 40515

Party Application/Medical Release Form

STUDENT INFORMATION

Today's Date: _____

Student Name: _____ Male _____ Female _____

Student Age: _____ Birthday (mm/dd/yy): _____

Special Interests: _____

Other Siblings (Name): 1) _____ Age: _____ 3) _____ Age: _____
 2) _____ Age: _____ 4) _____ Age: _____

How/from whom did you hear about classes/parties? _____

Medical conditions pertinent to class/party: _____

PARENT INFORMATION

Parent Name: _____	Parent Name: _____
Address: _____	Address: _____
Zip Code: _____	Zip Code: _____
Ph (Home): _____	Ph (Home): _____
Ph (Cell): _____	Ph (Cell): _____

PARTY INFORMATION

Date of Party: _____ Time of Party (ex: 2:00—4:00): _____

Amount of music time: (ex: 30 min., 45 min., etc.): _____ Music start time: _____

Location of party:
 Street address: _____
 City: _____ Zip code: _____

Estimated number of all children participating in the music time: _____

Theme of the party (if applicable): _____

RATES

30 minutes of music: \$90	<ul style="list-style-type: none"> ◆ If the party is to be held at our studio, located at 121 Malabu Dr. #1 and #2, please add \$35 for use of the party room, kitchen, and music room for 2 hours or \$50 for 3 hours of use. ◆ 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 cashiers' check. ◆ If the party is outside of Lexington, please add \$25 for travel.
45 minutes of music: \$115	
60 minutes of music: \$140	

I/We as the parents/guardians of _____ do hereby release, waive and discharge Musikgarten of Lexington, Inc. ("MOL") its employees, servants and agents, and the 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 the 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 Parent/Guardian: _____