

of or related to such medical services.

Registration/Medical Release Form * All ages * Director: Jennifer Tutt (859) 245-5887

| nt Name: _ hone: (Ho (Cell ress: nday (mm/ | /dd/yy): | Zip Code:Age:Age:_ | |
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| <u>5 - 4.5 yr.)</u> for schedule | M | | |
| | e <u>Music</u> (6 - 10 | : <u>Makers: At the Guitar</u> Oyr.), (11yr adult) Schedul | le TBA |
| <u>5 - 4.5 yr.</u>) | | Makers: Piano I and II (6 - 1) ule TBA, please call for time | |
| n. | | Makers: At the Recorder (6 - Jule TBA, please call for time | |
| <u>4 - 7 yr.</u>) n. m. | (6 - 11 | ggarten Chorus I and II lyr.), (10 - 18 yr.) ule TBA, please call for time | es |
| .m. | <u>Music</u> Sched | Makers: At the Violin (6 - 1) ule TBA, please call for time | <u>0 yr.)</u> es |
| | <u>Music</u> Sched | Makers: At the Ukulele (6 - dule TBA, please call for time | <u>10 yr.)</u> es |
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| se, waive and c | discharge Musikgarter | n of Lexington, Inc. ("MOL") its en | mploye |
| | d time of c | mm. Music Sched Music Sched d time of choice, as class size, waive and discharge Musikgarter and all loss or damage, and any claim at of or be related to any scheduled at the control of the cont | Music Makers: At the Violin (6 - 1 Schedule TBA, please call for time Music Makers: At the Ukulele (6 - Schedule TBA, please call for time d time of choice, as class size is limited) se, waive and discharge Musikgarten of Lexington, Inc. ("MOL") its end all loss or damage, and any claim or demands therefore on accoun |

I/We also understand that registration, tuition, and all other fees paid to MOL are non-refundable and non-transferable except in the case of extreme illness or an out-of-state move for which MOL must be notified in advance of the scheduled date(s). Pictures/video taken during MOL activities may be used for advertising purposes.

Date: Signature of Parent/Guardian:

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





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- Celebrating 29 years of quality music education!
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- атіона миsikgarten awards!
- Great Choir, Piano, Violin, Guitar, Ukulele, and Recorder classes!
- @ Great rates on private lessons for all ages!

