



## Arizona Study Program 2023 Indemnity Agreement

I hereby acknowledge that attending evaluations and theory exams held in association with the Arizona Study Program (ASP), are completely voluntary. To that end I agree to indemnify and hold harmless Music Teachers National Association (MTNA), Arizona State Music Teachers Association (ASMTA), ASP, its event organizers, adjudicators, teachers, staff, vendors, and volunteers from and against any and all claims, liabilities, damages, or judgments caused by or arising from my attendance at the events or from the conduct of the organizers, adjudicators, teachers, staff, vendors, volunteers or other participants.

I agree that I understand the current guidance issued by both the Center for Disease Control & Prevention (CDC) and the Arizona Department of Health Services (ADHS) for mitigating the spread of COVID-19. I agree that:

1. I will not attend any ASP events if I am sick or any of my immediate family members are sick with COVID-19 (and other contagious diseases) symptoms
2. I will not attend any ASP events if I have been directly exposed to someone with COVID-19 within 14 days of the event
3. I will maintain the use of face coverings while in attendance at an ASP event in accordance with state and local guidelines in place at the time of the event
4. I will make every effort to social distance when at an ASP event and follow the COVID-19 mitigation plan as instructed by ASP event organizers and adjudicators.
5. I understand that attendance is voluntary and that I assume all risks associated with being at the events
6. I agree to adhere to all COVID-19 related protocol, restrictions and policies as required by the event venues at the time of the event. I understand that the final protocol will be determined and distributed by email to the teachers one week prior to the event. Failure to adhere to the protocol will result in the inability to participate in the event.
7. I understand that this signed agreement must be submitted to the teacher before ASP enrollment is accepted for in-person evaluation.
8. I understand that the teacher will acknowledge receipt of my signed form by providing signature below before enrollment is finally accepted.

By signing below, I certify that I am the adult student or the parent/guardian of the minor children listed below and that we/they agree to and will follow the above rules at all events, and as instructed by ASP staff, teachers, adjudicators and event organizers. I assume all responsibility for their attendance at these events.

Student Name (print/type): \_\_\_\_\_

Student Name (print/type): \_\_\_\_\_

Student Name (print/type): \_\_\_\_\_

Parent/Guardian/Adult Student Name (print/type): \_\_\_\_\_

Teacher Name (print/type): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date