

Last Name	First Name			
Address	City/State			Zip
Home Phone	Cell		DOB_	
School	District		Grade_	
Student's Email Address(please print clearly)		checked		weekly
Current Private Teacher		_		
Sibling(s)				
Last Name	First Name(s)			
Address	City/State		Zip	
Cell DOB(s	s)			
School(s)	District		Grade_	
Additional Email Addresses(please print clearly)		checked	_	weekly
Current Private Teacher		_		
Parent/Guardian Information:				
Last Name	First Name			
Address	City/State		Zip	
Work Phone Ce	ell Phone			
Parent's Email Address(please print clearly)		checked		weekly
2 nd Parent/Guardian				
Last Name	First Name			
Address	City/State		Zip	
Work Phone Ce	ell Phone			
Parent's Email Address(please print clearly)		checked daily		weekly

May I share your contact info with other orchestra members? Yes or No (circle)

Tuition: \$625 for 1st family member, \$300 for siblings (checks payable to: Stretto Youth Chamber Orchestra) Paid _____

Release and Indemnification Agreement

In consideration for the agreement by the Princeton Friends School/Princeton Friends Meeting to permit the use of their property and facilities as specified in the contract dated September 21, 2018 (hereinafter "User") hereby agrees as follows:

- 1. The property and facilities which are the subject of the Contract are accepted "as is" and the Princeton Friends School/Princeton Friends Meeting make no representation regarding their condition or suitability for any particular purpose.
- 2. User releases Princeton Friends School/Princeton Friends Meeting, their agents, servants, officers, Trustees, and members, from any claims for loss or damage to person or property arising out of the use of the property and facilities.
- 3. User agrees to indemnify and hold harmless Princeton Friends School/Princeton Friends Meeting, their agents, servants, officers, Trustees, and members against any claims for loss or damage to person or property arising out of use of the property and facilities, including all costs and attorney's fees incurred in defending such claim.
- 4. The person executing this Release and Indemnification Agreement is authorized to do so by the User.

Group Name:	Sherri Anderson – Stretto Y	outh Chamber Orchestra	
Student Name (plea	ase print):		
Parent(s) Name (ple	ease print):		
Parent(s) Signature	:	Date:	