

## **PPSI 2025 Participant Waiver/Release of Liability/Refund & Cancellation Policy**

MUST BE SIGNED BY LEGAL GUARDIAN OF STUDENT PARTICIPANTS AND ALL PARTICIPATING ADULTS IN ORDER TO ATTEND PPSI.

I understand that PPSI may take photographs and/or videos of institute participants and activities. I agree that PPSI shall be the owner of and may use such photographs and/or videos relating to the promotion of future institutes. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I voluntarily agree to release, remise, acquit, forever discharge, and hold harmless Florence (Flori) Muller, any member of the Muller household, Peaks to Plains Suzuki Institute (PPSI) (its board, officers, directors, employees, and agents), Stargate School (its board, officers, directors, employees, and agents), from any and all claims, lawsuits, causes of action, demands, liabilities, losses, costs and expenses of any kind or nature arising out of or related to exposure to or transmission of any and all illnesses, injuries, damages, sickness, death, expenses or other losses arising in any way from my/our attendance at and participation in each and every PPSI Event or any other activity, including, but not limited to, exposure to COVID-19 or any sicknesses, viruses, bacteria or injuries incurred on property while attending PPSI.

I understand that non-refundable fees include registration fees, payment processing fees, additional t-shirt orders, extra enrichment class fees (including sibling enrichment classes), and any additional teacher training course material fees.

50% of the tuition fee is refundable if the requested withdrawal is communicated in writing and received by the director on or before April 27, 2025.

Because of the Institute's commitment to faculty and facility arrangements, applicants who withdraw on or after April 28, 2025 will forfeit all tuition and fees.

I agree and accept all the terms and conditions set forth in this PARTICIPANT WAIVER/RELEASE OF LIABILITY/REFUND & CANCELLATION POLICY

Please Print all attending STUDENT(S)/CAREGIVER/TEACHER PARTICIPANT/FACULTY Name(s):

\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian/Teacher Participant/Faculty signature:

\_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_