



## Welcome Residents,

To Los Angeles and the Colburn School!

Whether you are staying with us for the first time or returning, we are excited to have you and are eager to make your stay a pleasant one. To help us accomplish this goal, please take some time to review the following rules and procedures and to complete and sign our required forms.

Completed forms are due ***Saturday, August 19<sup>th</sup>, 2023.***

Please note that all students under the age of 18 (including students within the Conservatory), are required to provide a parent signature on each required form.

We look forward to a great and memorable school year!

*Office of Housing and Residence Life*



## Liability Form: Required Events

I, the undersigned, am over 18 years of age (or, if under 18, with the approval of my parent/guardian) and fully understand that participation in certain Colburn School events is a requirement of my enrollment in the Colburn School Conservatory of Music. Such events include, but are not limited to rehearsals and concerts at off-campus venues. I understand that participation in these Events exposes me to the possibility and risk of personal injury, and I knowingly assume these risks. If I am using transportation arranged by or provided through the Colburn school, I understand that the school is not responsible for any injury or accident that might occur during the travel to, from and with respect to the Event. I further realize that the risks involved in my participation could lead to a wide range of injuries from minor to severe, including, but not limited to, the following: physical injury (including sprains, fractures, scrapes, bruises, or other more serious injuries including paralysis or other permanent disability), headaches, breathing difficulty, food poisoning, allergic reactions, contracted illnesses, or other injuries or accidents. I knowingly and freely agree to accept these risks as a condition of my participation. I understand that the Colburn School does not require me to participate in these activities, and that to do so is my choice, despite the risks and dangers.

In the event of injury or hospitalization, I hereby authorize medical personnel to discuss my condition with a representative of the Colburn School.

I agree for myself, my heirs, administrators, executor and employees to hereby release, hold harmless and indemnify, including cost of defense, the Colburn School, its officers, Board of Directors, employees, agents and related parties, from any and all liability for any loss, injury or damage, including without limitation, any claim for personal injuries resulting from or arising out of the negligence of the Colburn School in connection with my participation in the Event listed above.

I acknowledge that I sign this Liability, Risk Acknowledgement and Claims Release Form with full knowledge of California Civil Code Section 1542 which reads:

**“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.”**

The provisions of this statute are hereby waived. I have carefully read this Liability, Risk Acknowledgement and Claims Release Form and know and understand its contents. I understand it is a full release of all liability and I sign it of my own free will. I, the undersigned, also understand that this agreement is valid for the full academic year in which it is signed.

Student Signature

Student Full Name (printed)

Today's Date

**If the student is under the age of 18,**

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Parent/Legal Guardian Signature

Parent Full Name (printed)

Today's Date

## Liability Form: Non-Required Events

I, the undersigned, fully understand that participation in certain Colburn School events is voluntary. I understand that participation in these Events exposes me to the possibility and risk of personal injury, and I knowingly assume these risks. If I am using transportation arranged by or provided through the Colburn school, I understand that the school is not responsible for any injury or accident that might occur during the travel to, from and with respect to the Event. I further realize that the risks involved in my participation could lead to a wide range of injuries from minor to severe, including, but not limited to, the following: physical injury (including sprains, fractures, scrapes, bruises, or other more serious injuries including paralysis or other permanent disability), headaches, breathing difficulty, food poisoning, allergic reactions, contracted illnesses, or other injuries or accidents. I knowingly and freely agree to accept these risks as a condition of my participation. I understand that the Colburn School does not require me to participate in these activities, and that to do so is my choice, despite the risks and dangers.

In the event of injury or hospitalization, I hereby authorize medical personnel to discuss my condition with a representative of the Colburn School.

I agree for myself, my heirs, administrators, executor and employees to hereby release, hold harmless and indemnify, including cost of defense, the Colburn School, its officers, Board of Directors, employees, agents and related parties, from any and all liability for any loss, injury or damage, including without limitation, any claim for personal injuries resulting from or arising out of the negligence of the Colburn School in connection with my participation in non-required events.

I acknowledge that I sign this Liability, Risk Acknowledgement and Claims Release Form with full knowledge of California Civil Code Section 1542 which reads:

**“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.”**

The provisions of this statute are hereby waived. I have carefully read this Liability, Risk Acknowledgement and Claims Release Form and know and understand its contents. I understand it is a full release of all liability and I sign it of my own free will. I, the undersigned, also understand that this agreement is valid for the full academic year in which it is signed.

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Student Signature

Student Full Name (printed)

Today's Date

If the student is under the age of 18,

Parent/Legal Guardian Signature

Parent/Legal Guardian Full Name (printed)

Today's Date

### Resident Emergency Card

|                   |                    |                        |
|-------------------|--------------------|------------------------|
| Student Last Name | Student First Name | Student Middle Initial |
|-------------------|--------------------|------------------------|

|                            |                |                        |
|----------------------------|----------------|------------------------|
| Date of Birth (MM/DD/YYYY) | Mobile Phone # | Student E-mail Address |
|----------------------------|----------------|------------------------|

|                            |                               |  |                               |
|----------------------------|-------------------------------|--|-------------------------------|
| Emergency Contact # 1 Name | Emergency Contact # 1 Country | Emergency Contact # 1 Phone and Country Code | Emergency Contact # 1 Address |
| Emergency Contact # 2 Name | Emergency Contact # 2 Country | Emergency Contact # 2 Phone and Country Code | Emergency Contact # 2 Address |

If Resident is under the age of 18

|   |  |  |
|---|--|--|
| Parent/Guardian Name(s)                     | Parent/Guardian Country  | Parent/Guardian Phone and Country Code |
| Parent/Guardian Work Phone and Country Code | Can Colburn contact you at work in case of emergency?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | Parent/Guardian Email                  |

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| Medical Insurance Provider | Medical Insurance Policy Number | Primary Care Physician Name & Telephone Number |
|----------------------------|---------------------------------|--|

|  |  |
|--|--|
| Are you taking regular medications?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | List name of medication(s) & frequency         |
| Are you allergic to any medications?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | List name of medication(s) you are allergic to |
| Other allergies and/or medical conditions (describe in detail)                                   |  |

|  |                      |                    |
|--|----------------------|--------------------|
| Vehicle at Colburn<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Color / Make / Model | Tag State / Number |
|--|----------------------|--------------------|

**Minor (Under 18) Medical Consent Form**

I am a parent with legal custody of or am the legal guardian of \_\_\_\_\_ (student's full name). I hereby authorize representatives of the Colburn School to seek medical treatment for my student on an emergency or urgent basis. I authorize medical treatment for my student at the medical facility listed on the Urgent Care Authorization, or at the hospital at which my student is being treated. I authorize the release of my student's medical information to the medical providers at the treating medical facilities, and I authorize The Colburn School and the medical providers to contact the individuals listed below regarding my student's medical condition and treatment.

\_\_\_\_\_ Relationship to Student  
 Full Name of Parent/Legal Guardian

\_\_\_\_\_ Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_ Country

Telephone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_



\_\_\_\_\_  
Full Name of Secondary Contact

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

Telephone Numbers: (home) \_\_\_\_\_(work)\_\_\_\_\_ (cell) \_\_\_\_\_

I hereby authorize The Colburn School to contact either of the emergency contacts listed above.

The Office of Residence Life and the Wellness Center may provide medical assistance, provide over-the-counter medication and/or personal counseling by a professional counselor.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Minor (Under 18) Urgent Care Authorization

Downtown Urgent Care  
269 San Pedro St.  
Los Angeles, CA 90012  
213.947.3600  
downtown@uc.care



Dear Downtown Urgent Care,

I, \_\_\_\_\_, (parent full name) am a parent with legal custody or the legal guardian of \_\_\_\_\_, (student full name) who is a minor student of the Colburn School. I hereby authorize representatives (Mark Israel Tan, Erica Smith, Adrian Daly, Darleen Callaghan, Gavin Kelley, Jenna Gundersen, Tianlu Xu, Ian Mertes, Chimera Wilson, and Ariel Thomas) of the Colburn School to assist my student in seeking medical treatment on an emergency or urgent basis. I authorize the present staff members of the Colburn School to accompany my minor to your medical facility. I authorize medical treatment for my minor at your medical facility and authorize the release of my student's medical information to the medical providers at your facility.

Sincerely,

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Full Name Printed



## Minor (Under 18) Urgent Care Authorization

Reliant Urgent Care  
816 S Francisco St  
Los Angeles, CA 90017  
310.491.7070

Dear Reliant Urgent Care,

I, \_\_\_\_\_, (parent full name) am a parent with legal custody or the legal guardian of \_\_\_\_\_, (student full name) who is a minor student of the Colburn School. I hereby authorize representatives (Mark Israel Tan, Erica Smith, Adrian Daly, Darleen Callaghan, Gavin Kelley, Jenna Gundersen, Tianlu Xu, Ian Mertes, Chimera Wilson, and Ariel Thomas) of the Colburn School to assist my student in seeking medical treatment on an emergency or urgent basis. I authorize the present staff members of the Colburn School to accompany my minor to your medical facility. I authorize medical treatment for my minor at your medical facility and authorize the release of my student's medical information to the medical providers at your facility.

Sincerely,

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Parent/Legal Guardian Signature

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Date

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Parent/Legal Guardian Full Name Printed