NextNotes Lab Code of Conduct

As a NextNotes Lab Participant, I agree that during all NextNotes Lab events, meetings, and activities:

1. I will come with a positive and professional attitude and will be an active participant.
2. I will conduct myself appropriately at all times.
3. I will show respect towards other composers, performers, ACF/NextNotes staff, guests, and their music.
4. I will respectfully and promptly follow instructions from any adult supervisor.
5. I will speak to a member of the NextNotes Lab leadership or ACF staff if I am unhappy about my experiences or am experiencing conflict with another NextNotes Lab participant.
6. I will play instruments only when given express permission from the instrument owner.
7. I will respect the property and space of others.
8. I will not bring or use any form of alcoholic beverages, illegal drugs, tobacco products, or fireworks.
9. I will not participate in any act of violence, threats of violence, harassment, or sexual activity.

Failure to meet with these standards will result in these steps:

- I will be informed of my misbehavior by ACF/NextNotes Staff and/or NN Lab student leadership and will be asked to conduct myself differently.
- If, after being asked to improve my conduct, I continue the inappropriate behavior, I will be disqualified from participating in NextNotes Lab meetings, events and activities.
- In the case of numbers 8 and 9 above, I will immediately, without warning or discussion, be asked to leave and I and my parents/guardians will be informed of my early dismissal. Additionally, I will be disqualified from participating in NextNotes Lab meetings, events and activities.

**NN Lab Participant:** Name: ____________________ Signature: __________________________
Phone #: (_____)_____________ Email: __________________________________ Date: _______

**Parent/Guardian:** Name: ____________________ Signature: __________________________
Phone #: _(_____)_________________ Email: ______________________________________________
Relationship:_________________________ Date: _______

**UNCONDITIONAL FULL RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**
I, the undersigned participant, and my parent or guardian where applicable, in consideration for American Composers Forum and NextNotes Labs (collectively, “ACF”) allowing me to participate in its NextNotes Labs programming for the purpose of composing, playing, and sharing musical compositions (“the Program”), has executed on the date below this Unconditional, Full Release and Waiver of Liability and Covenant not to Sue (“Release”) in favor of ACF, and its respective officers, directors, employees, agents, consultants, instructors, or affiliates, and all others who are involved (collectively “Released Parties”). I hereby freely and voluntarily executes this Release under the following terms:

(1) I understand that all rules and procedures established by ACF related to my participation in the NextNotes Labs Program or otherwise must be followed.

(2) In consideration of being permitted to participate in the Program, I agree to assume the full responsibility and risk for any injuries, illnesses, damages or loss, regardless of severity, which I may sustain arising out of or related in any way to my participation in the Program.

(3) I agree that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the Released Parties arising out of, relating to, or in connection with the claims or causes of action hereby released and discharged by me.

(4) In the event of an emergency, I authorize ACF and NextNote Labs staff to secure such medical services as they feel necessary for my health or well-being. In the event of an emergency, I consent to my immediate transfer to any hospital or appropriate health care facility, I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury, and I authorize ACF and NextNote Labs staff to consent on my behalf to any emergency medical treatment. I agree to accept financial responsibility for any medical expenses and/or any other losses or expenses not covered by my insurance that occur during or as a result of my participation in the Program.

(5) On behalf of myself, my spouse, heirs, estate, and assigns, I hereby FOREVER RELEASE, INDEMNIFY, DISCHARGE, AND HOLD HARMLESS the Released Parties from any and all present or future responsibilities and liabilities, losses, damages, claims, causes of action including but not limited to those for injuries, death, and wrongful death or other derivative actions, and/or expenses and costs, of any nature whatsoever (whether known or unknown, foreseen or unforeseen), arising out of or resulting from my participation in the Program ON ACCOUNT OF NEGLIGENCE OF ANY PARTY, INCLUDING THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I understand and agree that this Release is intended TO BE AS BROAD AS PERMITTED BY MINNESOTA LAW. I further understand and agree that if any provision of this Release is held to be invalid by a court of competent jurisdiction, the remaining provisions will continue in full force and effect.

With the understanding that ACF is relying on this Release and the covenants contained herein, and that this document is a legally binding contract, I affirm that I have read and understand this Release, that I may ask questions and/or consult with an attorney before signing it, and that I am competent to execute this document as a condition to my voluntary participation in the Program.

NN Lab Participant: Name: ____________________   Signature: _______________________________
FOR PARTICIPANTS UNDER AGE 18

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree not only to his/her release of ACF and all other Release Parties, but also to release and indemnify the Released Parties from any and all liabilities incident to his/her involvement in the Activities described herein for myself, spouse, heirs, estate, assigns, successors, and next of kin.

**Parent/Guardian:** Name:_________________________ Signature: ____________________________

Phone #: (_____)_________________ Email: ______________________________________________

Relationship:_____________________________ Date: ________________________________