

THE MUSIC RESOURCE CENTER - CINCINNATI*
3032 Woodburn Avenue, Cincinnati, OH 45206 • (513) 834-8304 • www.mrccinci.org
MEMBERSHIP APPLICATION AND AGREEMENT

General Information (To Be Completed by Member): Please complete in pen

Name: _____ Date of Birth: ____/____/____ Gender: _____

School: _____ Grade: _____ Member Email: _____

Home Address: _____ City: _____ Zip: _____

Home Phone Number: (____) _____ Member Cell Phone Number: (____) _____ Do you authorize MRC to text messages to number provided?
 Yes No

Ethnicity: Black White Hispanic or Latino Bi-Racial Other

Membership Fee: \$24/year \$2/mo Extra Donation: \$_____

How do you intend to get home from MRC? Walk/Bike Get picked up Bus Drive

*Being a member of MRC is a privilege. **By initialing and signing the application below, I am agreeing to the following:***

1. All members must respect staff, other members, themselves and equipment. _____
2. To maintain respect and create a space that is comfortable for any teen, we do not allow the promotion of drug, gun, sexually explicit or gang related material. We also do not use offensive language in the building. This includes on recordings. _____
3. For the security of your belongings your bags and personal items need to be left in the lobby. _____
4. To respect the space and each other we do not allow horseplay of any kind. _____
5. To keep the space clean and protect equipment, food and drinks may not be taken anywhere in the building past the lobby. _____
6. You must be in school and between the 7th and 12th grade to be in the studio. _____
7. Members' guests must be a fellow 7th -12th grader interested in joining MRC or a direct relative or approved guardian. Non-members may not be anywhere in the studio without staff or volunteer supervision and are not allowed to linger in the building without purpose for being there. _____
8. Members must attend school any day they come to MRC during the school year. This includes "out of school" suspensions. _____
9. Out of respect for other visitors we do not permit public displays of affection. Keep your hands to yourself. _____
10. MRC is a non-smoking facility. There is absolutely no smoking inside or on MRC property. This also applies to any MRC function such as off-site performances. _____
11. Members need to dress appropriately when attending the studio. Underwear and midriffs should not be showing. If it's not appropriate for school, it's not appropriate at the studio. _____
12. All media (songs, beats, images, etc.) that leaves the studio needs to be approved by MRC staff. Staff permission is also required to put any files on our computers. _____

Member Signature: _____ Date: ____/____/____

Parent/Guardian Name (Print): _____ Signature: _____ Date: ____/____/____

MRC staff has the right to alter the rules at their discretion
Failure to abide by the rules will result in removal, suspension, or expulsion from the MRC as is seen fit by the staff.

Member Name: _____

Interest Survey (To Be Completed by Member):

1. What are your favorite types of music? _____
2. Who are your favorite artists/performers? _____
3. How did you learn about the MRC? _____
4. Can you play a musical instrument? Guitar Bass Keyboard Drums Other _____ For how long? _____
- 5: I'm interested in: Create Beats Learn rapping/MC skills Songwriting Learn an instrument _____ Practice Space
 Use recording studio to complete a Song/Demo/CD Learn vocal skills Learn audio engineering Learn performance techniques
6. Please indicate you goal from above list: #1 _____ #2 _____
7. Do you have experience using Apple computers? None 1-3 years 3-6 years more than 6 years

Media Release (To Be Completed by Member and Parent/Guardian):

I grant the Music Resource Center – Cincinnati (“MRC”) a perpetual non-exclusive license to reproduce, perform, distribute and/or display any of musical composition (including lyrics), sound recording, writing, or art work (including, but not limited to, any picture, drawing or photograph) created at MRC in which I hold a copyright in any medium, existing currently or in the future. This license includes the right to perform any musical composition or sound recording created at MRC in which I hold a copyright on MRC’s Low Power FM Station and/or its Internet stream. I may withdraw this license at any time by giving MRC written notice ten days in advance. MRC does not own any of the materials you create at our facility. Materials created jointly with other members may be jointly owned among the members involved. MRC is not responsible for resolving ownership disputes among members

I also grant MRC the right to use, reproduce, distribute and/or transmit photographs, video recordings and/or sound recordings of me, and to use of my name in conjunction with these materials. I acknowledge that such photographs, video recordings and/or sound recordings of me and any associated materials may become part of materials in which MRC may hold copyrights and may distribute to others in furtherance of its educational mission.

Member Name (Print): _____ Signature: _____ Date: ____/____/____

The above release shall be binding upon myself, the Member for which I am the parent or legal guardian, other parents or guardians of such Member, any successors in interest, and/or any person(s) suing on my or the Member’s behalf.

Parent/Guardian Name (Print): _____ Signature: _____ Date: ____/____/____

[continued on next page]

Member Name: _____

PARENT/GUARDIAN INFORMATION (To Be Completed By Parent/Guardian):

This part is mandatory (and will be kept confidential)

Name of Parent/Guardian Completing this form: _____ Relationship to Member: _____

Phone1: Home Cell Work (____) _____ Phone2: Home Cell Work (____) _____

Do you authorize MRC to text message to number provided: Yes No

In case of lesson schedule change: Call: Phone 1 Phone 2 Text: Phone 1 Phone 2 Do not Contact

Email Address: _____ Student lives in a single parent home: Yes No

How many children live in your household? _____ Do any of these children qualify for the free/reduced lunch program? Yes No

Additional information I'd like you to know about this member: _____

Parent/Guardian 2: _____ Emergency Contact: Yes No

Street Address: _____ City: _____ Zip: _____

Phone Number 1: _____ [] Home [] Cell Phone Number 2: : _____ [] Home [] Cell

Do you authorize MRC to text message to number provided: Yes No

In case of lesson schedule change: Call: Phone 1 Phone 2 Text: Phone 1 Phone 2 Do not Contact

Email Address: _____ Relationship to Member: _____

Additional Contact: _____ Emergency Contact: Yes No

Phone Number 1: _____ [] Home [] Cell Phone Number 2: : _____ [] Home [] Cell

Email Address: _____ Relationship to Member: _____

Consent to Participate and Liability Waiver (To Be Completed by Member and Parent/Guardian):

I represent that I am the parent or legal guardian of the Member identified above, and hereby provide consent for such Member to participate in any and all activities and programs conducted, sponsored or otherwise initiated by Music Resource Center – Cincinnati ("MRC"), including without limitation those activities and programs involving third party providers or consultants engaged by MRC at MRC's discretion. I understand that there may be risks and hazards associated with participation in MRC's activities, including risks and hazards inherent in travel to various venues where activities may be conducted. In consideration of MRC allowing the named Member to participate in MRC's activities, I am willing to give up some rights the Member and I might otherwise have. Accordingly, I hereby release from liability, hold harmless and discharge MRC, its respective directors, officers, agents, employees and volunteers (the "Releasees") from any and all claims, causes of action, or demands of every kind which the Member or I may have in the future or that any person claiming through us may have in the future against any of them (including specifically, without limitation, by reason of any injury or harm to person or property) in connection with the Member's participation in MRC's activities, unless caused by an intentional or reckless act of one or more of the Releasees. Should any of the Releasees or anyone acting on their behalf incur attorneys' fees and costs to enforce this agreement, I further agree to indemnify and hold them harmless for all such fees and costs. I have read this Consent to Participate and Liability Waiver and understand its terms. I expressly agree that the release contained herein is intended to be as broad and inclusive as permitted by the laws of the State of Ohio.

The above release shall be binding upon myself, the Member for which I am the parent or legal guardian, other parents or guardians of such Member, any successors in interest, and/or any person(s) suing on my or the Member's behalf.

Parent/Guardian Name (Print): _____ Signature: _____ Date: ____/____/____

Member Name (Print): _____ Signature: _____ Date: ____/____/____

Member Name: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND RELEASE

1. **I represent** that I am the parent or legal guardian of the Member identified above.
2. If such Member becomes seriously ill or injured while participating in MRC programs, including but not limited to during transportation to or from MRC, **I agree** that any authorized member of MRC may seek and obtain emergency medical treatment for such Member as he or she deems necessary to stabilize the condition of the Member and to enable transport of the Member to a nearby hospital.
3. If, after arranging for the Member's transportation to a nearby hospital, reasonable efforts to contact me are unsuccessful, **I then direct** that reasonable efforts be made to contact at least one of the medical care providers listed below.
4. If neither I nor either of the medical care providers listed below can be successfully contacted to discuss emergency medical treatment for the Member, **I consent** to any emergency medical treatment considered necessary by the medical care personnel treating the Member. This consent to emergency medical treatment **does not authorize** surgery **unless** before the surgery, two physicians agree that surgery is necessary (one of whom **must be** one of the medical care providers named below – but only if available).
5. Additionally, **I agree** to bear the cost of all reasonable medical care and procedures required under the circumstances described in this section, and **I hereby agree to release** MRC, its respective directors, officers, agents, employees and volunteers from any claim whatsoever which may arise on account of any first aid, medical treatment or services rendered in connection with the Member's participation in the MRC programs. This release shall be binding upon myself, the Member for which I am the parent or legal guardian, other parents or guardians of such Member, any successors in interest, and/or any person(s) suing on my or the Member's behalf.

Parent/Guardian Name (Print): _____ Signature: _____ Date: ___/___/___

Member Name (Print): _____ Signature: _____ Date: ___/___/___

MEDICAL CARE PROVIDERS

Physician – General _____ Phone (____) _____

Physician - Specialist _____ Phone (____) _____

FACTS ABOUT MEMBER'S MEDICAL HISTORY

Does your student have any dietary allergies or restrictions?: Yes No If yes, please list below:

If yes, do they carry an EpiPen? : Yes No

Additional information:

