



Studio Permission & Waiver Form

Child's First Name: _____ Last Name: _____

Child's Birthday (MM/DD/YY): _____

Parent/Guardian Name: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Emergency Contact #1 Name: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

E-mail Address: _____

Emergency Contact #2 Name: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

E-mail Address: _____

Allergies (food, art supplies, insects, medication, etc.): Yes No

If yes, please explain: _____

Other information that Art Trek, Inc. should know about your child:

Name of Persons Authorized to pick-up child from Art Trek, Inc. (Child will not be allowed to leave with any other person without written authorization or telephone call from parent or guardian.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Photographs: Art Trek, Inc. is granted permission to use group or individual photograms or photo images taken during class/events for publicity or promotional purposes. Yes No

Ability to engage in art activities and assumption of the risk:

Art Trek, Inc. activities, including but not limited to paints, sharpies, pencil sharpeners, scissors, glues, pastels, pencils, wood, wood tools (hammers, nails, etc.), plaster, ceramic tiles, clay, wire, fiber (yarn/fabric/papers), wax, plastic bags, food coloring, fabric dye, and playing out door games. Art Trek, Inc. takes all possible precautions to reduce risk and provide safe, healthy, and enjoyable experiences. I warrant that my child is able to follow directions for all activities in studio class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class/events knowing these risks and their possible consequences including personal injury as well as property damage and/or loss.

Waiver and Release of Liability:

As a parent or guardian of my child, I agree that I will not hold Art Trek, Inc. liable for any personal injury, property damage, or loss of insurance. I agree to release and hold Art Trek, Inc. from all liability incurred as a result of my child’s participation at Art Trek, Inc. and that these terms serve as a release for myself, volunteers, property owners, and members of my family.

Emergency Medical Care:

I know of no health or fitness restriction(s) that precludes his/her participation. In the event of illness or injury occurring to my child while involved in this activity, I authorize X-ray examination, anesthesia, medical, dental, or surgical diagnostic procedures or treatment and hospital care that is considered necessary in the best judgment of the attending physician and performed by or under the general or special supervision of any physician or surgeon, licensed under the Provision of Medicine Practice Act, or of any dentist under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office/studio, hospital, or elsewhere. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

I hereby release from liability all persons affiliated with Art Trek, Inc. who in any fashion have helped in organizing, planning, and/or implementing classes or events for Art Trek, Inc. I understand this activity is voluntary and I desire for the above named minor to participate in it.

Insurance Company: _____ **ID #:** _____

Additional Notes: _____

I understand that Art Trek, Inc. will keep my child’s information on file through September 1, 2017. I confirm that this information will maintain up to date throughout this period.

I am the parent/guardian of the child (who is under 18 years of age) that I am registering of Art Trek, Inc. classes/events.

Print Name

Parent/Guardian Signature

Date