



EMERGENCY CONTACT FORM AND WAIVER OF LIABILITY

Activity

Day Camp Drop-Off After School Program Other: _____
Date(s): _____

Child Information

Child's Name: _____
Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____ Email: _____
Address: _____ City: _____ Zip: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

Other Emergency Contacts (relatives or friends authorized to pick up child if parent cannot be reached)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Medical Information

Medical Insurance Plan: _____ ID#: _____
Name of Doctor: _____ Phone: _____
Name of Dentist: _____ Phone: _____

Information we should know about your child such as medical problems; medication(s) being taken; allergies to foods, bee stings, poison oak, etc; extreme fears; or anything else you feel we should know:

- I/we authorize Sticky Art Lab & Supply, LLC (Sticky Art Lab) to **obtain emergency medical care** for my/our child. Any expenses incurred in obtaining such medical care will be paid by me/us.
- I/we give permission for my/our child to **participate in all camp/after school/drop-off activities**. I/we understand this may include use of hammers, nails, handsaws, screwdrivers, screws, awls, hot glue guns, sewing needles, pins, and scissors. I/we understand that some materials used at Sticky Art Lab are donated, and while Sticky Art Lab makes its best effort to screen all materials, some hazards may exist. I/we understand that participation in the Activity may also include visits to a nearby park with play structures.
- I/we understand that **no credit is given for partial attendance**. No portion of the tuition will be refunded if the child is absent, withdrawn, suspended, or should otherwise fail to complete the Activity.
- I/we give permission for my/our child to be **transported out of Sticky Art Lab in case of emergency**.
- I/we give Sticky Art Lab the absolute **rights and permission to publish and/or copyright photographs** taken of my child during the Activity. These photographs may be used for the following purposes: website, marketing materials, books, and other publications of Sticky Art Lab. Photographs may be used without compensation to me/us or my/our child, and I/we hereby waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith, or the use to which it may be applied.
- I/we do hereby **release, waive, discharge, and covenant not to sue** Sticky Art Lab, its officers, employees, and agents for liability from any and all claims including the negligence of Sticky Art Lab, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____