

Release and Waiver:

I, \_\_\_\_\_, (parent/guardian) do hereby release River Art Studio from any responsibility for injury or illness that may occur while my child, \_\_\_\_\_, participates in the activities at the art camp. I waive my right to receive monetary compensation from River Art Studio, art camp instructors and its employees in case of accident or injury. I accept full responsibility for my child's actions for injuries which may occur while he/she is participating in programs sponsored by River Art Studio, while using their facilities or equipment. I acknowledge the risks associated with attending art camps, and agree that my child will attend voluntarily. I acknowledge that I have the opportunity to see and inspect the studio and equipment prior to the start of my child's involvement. I assume all risk of injury arising out of the art camp and of the activities of any other participants. I also accept all responsibility for my child before and after camp hours. I understand that if my child behaves in a manner that is inappropriate, disrespectful, or dangerous to others, that he/she may be dismissed from the program without refund.

Parent or guardian signature \_\_\_\_\_  
Date \_\_\_\_\_

First Aid Permission

I give permission for my child, \_\_\_\_\_, to receive appropriate first aid from qualified staff members in the event of an accident or injury, and to authorize a medical doctor to examine or treat my child, to authorize necessary emergency treatment at a nearby emergency hospital, and/or to order ambulance transportation for my child while he/she is in attendance at River Art Studio if necessary. I agree to accept the financial responsibilities for any cost thus incurred in the treatment of any illness, accident or injury of the above named minor.

Parent or guardian signature \_\_\_\_\_  
Date \_\_\_\_\_

Allergies

My child is allergic to \_\_\_\_\_

Contact and Emergency Contact information

Mother \_\_\_\_\_

Father \_\_\_\_\_

Guardian \_\_\_\_\_