



ART CLASS STUDENT INFORMATION & LIABILITY WAIVER FORM

Student(s): _____

Date(s) of Birth: _____

Parent(s) / Guardian(s): _____

Address: _____ City, State, and Zip: _____

Phone/Cell : _____ E-mail: _____

Emergency Contact and Phone: _____

Special Health Care Needs/Allergies: _____

RELEASE AND WAIVER: As the parent or legal guardian of the above child, who is a minor child under the age of eighteen (18) (hereinafter "my Child"), and in exchange for the benefits to be derived by my Child's participation in this Activity, sponsored by Pop Revolution Community Studio, (hereinafter "Studio") I hereby agree, on behalf of myself and my child, to the following:

I hereby grant my permission for my Child to participate in the Activity. I am fully aware of the risks and hazards connected with my Child's participation in the Activity, and hereby elect to allow my Child to voluntarily participate in the Activity, knowing that the Activity may be hazardous to my Child or to his or her property. On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my Child, or any loss or damage to property owned by myself or my Child, as a result of my Child being engaged in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE STUDIO OR ITS VOLUNTEERS, INSTRUCTORS, or otherwise. On behalf of myself and my Child, as well as our respective estates, heirs, administrators, executors, and assigns, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The Arts Council of West Chester & Liberty, and their officers, servants, agents, employees, or volunteers (hereinafter "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by me, or my Child, to any property belonging to me or my Child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Activity. It is my express intent that this Release and Hold Harmless Agreement (hereinafter "Agreement") shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Ohio.

HEALTH CARE AUTHORIZATION: The undersigned hereby authorizes Pop Revolution Community Studio, to perform any acts which may be necessary or proper to provide emergency health care of any student in the event that the parent/guardian and/or emergency contact cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child.

I UNDERSTAND my child may be photographed and the image may be used for educational and promotional purposes such as inclusion in brochures, the website, presentations at conferences, and to promote the work of Pop Revolution Community Studio.

I UNDERSTAND my email will be shared with the instructor and Pop Revolution Community Studio and I could receive information about upcoming programs.

Signature _____ Date _____

* Pop Revolution Community Studio, will keep this form on file for one year. Please notify The Pop Revolution Community Studio, of any changes to the above information.