



Rachel's Young At Art Studio
7366 E. Shea Blvd. Suite 112
(480) 621-6155
info@rachelsyoungatart.com

RELEASE FORM

CHILD NAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP _____

CELL PHONE _____ WORK PHONE _____

HOME PHONE _____

EMAIL ADDRESS _____

PARENT'S AUTHORIZATION & WAIVER FORM: I give permission to *Rachel's Young At Art Studio* to use photos taken of my child at the studio as well as photos of my child's artwork to be used for local news and marketing. I also give permission to Rachel's Young at Art Studio to use photos taken of my child and my child's artwork to be used for marketing on social media, including Facebook, Instagram, and Twitter.

ABILITY TO ENGAGE IN ART ACTIVITIES AND ASSUMPTION OF THE RISK:

Rachel's Young at Art Studio 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 the studio/class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class knowing these risks and their possible consequences including personal injury.

WAIVER AND RELEASE OF LIABILITY: I agree to waive, release and discharge any and all claims, causes of action and damages against *Rachel's Young at Art Studio* and its owners, managers, agents, employees, volunteers or other representatives arising from or relating in any way to damage, injury, trauma, illness, loss or death that may occur to my child, me or my household members due to my child's participation in programs, including camps, special events and classes, at *Rachel's Young at Art Studio*. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease, medical treatment or property losses, or any other loss, including but not limited to claims of negligence.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

(Please complete the back side if you are dropping your child off.)

PLEASE COMPLETE IF YOU'RE DROPPING YOUR CHILD OFF

TRANSPORTATION: Please list all who are authorized to pick up your child. Please give us a contact phone number and recommend providing a copy of their ID as well. We take the safety of your children very seriously and will check the driver's license before releasing your child.

NAME _____ PHONE _____

NAME _____ PHONE _____

MEDICAL EMERGENCIES: The undersigned gives permission to Rachel's Young at Art Studio, its owner and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. If necessary, I request that my child be transported to a nearby hospital.

HOSPITAL CHOICE _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE _____

PHYSICIAN (NAME/ADDRESS/PHONE) _____

ALLERGIES/MEDICAL CONDITIONS/SPECIAL REQUESTS

PARENT/GUARDIAN SIGNATURE _____ DATE _____