

PARTICIPANT WAIVER | Art Studio For Children (ASFC) Art Camp

(RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT)

In consideration of participating in ASFC Art Camp, I/my minor child or ward, (print name of participant legibly)

_____, represent(s) that I understand the active nature of camp. I fully understand that this type of event involves risks of injury and serious bodily injury, including permanent disability, paralysis and death, which may be caused by my minor child or ward's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me/my minor child or ward or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I/my minor child or ward may incur as a result of my/my minor child or ward's participation in the event, except for losses, costs and damages that are the result of the gross negligence of others.

I hereby release, discharge, and covenant not to sue ASFC, Nancy Macdonald, their administrators, directors, agents, officers, volunteers, approved drivers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the event takes place or utilizes, from all liability, claims, demands, losses, or damages on my account, except for any liability, claims, demands, losses, or damages caused by gross negligence.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I/my Parent/Legal Guardian have/has given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant /Signature of Participant (only if age 18 or over)
or Legal guardian _____

Signature_____

Date:_____

Advertising and Promotion

ASFC and Nancy Macdonald, have my permission, (both during and anytime after), to use my (or my minor child/ward's) likeness, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of ASFC, and/or applying for funds to support these purposes and activities, I further waive any current or future right to seek compensation for said use.

Printed name of participant

_____ Age: _____

Signature of Participant (If Age 18 or older)

Signature of Parent/Legal Guardian

Date:_____

Cottage Art Studio Programme Registration and Medical Information

Name of Programme(s) applied for:

Date(s): _____

Section 1: Personal Information

Name: E-mail: _____

Complete Mailing Address: _____

Phone #: home: _____

alternate (bus/cell) _____

Emergency Contact Name: _____

Emergency Phone #: _____

May we use your child's picture and/or comments to promote our programmes?

Yes No, please don't

Section 2: Medical Information

O.H.I.P. # (for Ontario residents) _____

Last Tetanus Injection: _____

Doctor's Name: _____

Phone #: _____

Do you have any chronic disability or illness? (ie. Heart condition, susceptibility to cold, dislocations, headaches, epilepsy, asthma, diabetes, etc.) yes _____ No _____

List any allergies (food, drug, environmental, etc.) and their severity. Please explain the measures we need to take in case of reaction:

Describe any other physical, social, medical or emotional conditions that may prevent you from participating fully in the programme: _____

What medication is your child currently taking?: _____

Are there any dietary restrictions we should know about?

Parents'/Guardian's Medical Authorization for Participants under 18

Registration, medical and waiver forms have been completed correctly to my knowledge and the person described on them has permission to engage in the full Cottage Art Studio programme, except as otherwise noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician in attendance to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named above.

Signature of Parent/Guardian: _____ Print name: _____

Date: _____