

Art Class Participation & Liability Waivers

Thank you for enrolling your child in our art classes! We're excited to explore creativity together. Before participating, we ask all parents/guardians to read and sign the following waivers. Each participating child must have their own set of waivers.

Participant Information

Child's Full Name: _____

Age: _____

Parent/Guardian Name (Print): _____

Emergency Contact Number: _____

Email: _____

Emergency Contact & Medical Release Form

Emergency Contact (if parent/guardian cannot be reached):

- Name: _____
- Relationship to Student: _____
- Phone Number: _____

Medical Information

Please list any allergies, including food, medications, or materials (e.g., latex, paint):

Medical conditions or concerns (e.g., asthma, epilepsy, diabetes):

Medications your child takes regularly (if any):

Does your child carry an EpiPen or inhaler?

☐ Yes ☐ No

If yes, is your child permitted to self-administer?

☐ Yes ☐ No

Physician's Name (optional): _____

Physician's Phone: _____

☐ I give consent for emergency medical action if needed. I understand that all reasonable efforts will be made to reach me first.

***Parent Signature** _____ **Date** _____

Safety/First Aid Notice

Art is wonderfully messy! While we take reasonable steps to protect students and their belongings, materials such as **paint, ink, glue, and other crafting supplies** may cause **permanent stains** on clothing or shoes, and temporary stained skin. Please dress your child accordingly and consider providing an art smock or oversized shirt.

Certain projects may involve tools and supplies such as **scissors, glue guns, or other age-appropriate crafting instruments**. All students are closely supervised, and proper safety guidance is provided; however, as with any hands-on activity, **minor cuts, burns, or injuries may occur**.

Acknowledgment of Risk & Liability Release

I, the undersigned parent/guardian, acknowledge and understand that participation in art classes may involve **inherent risks**, including but not limited to:

- Minor injuries (e.g., scrapes, glue gun burns)
- Stained or damaged clothing or personal items
- Allergic reactions to materials (if any are known, please notify the instructor in advance)

By signing below, I agree to **release, waive, and hold harmless The Art Place, its owners, instructors, assistants, and affiliates** from any and all claims, liabilities, demands, or actions that may arise from my child's participation in art classes. This waiver includes all known and unknown, foreseen and unforeseen, bodily and personal injuries, property damage, or other consequences.

I confirm that my child is in good health and able to participate in all class activities. I also agree to notify staff of any allergies, conditions, or concerns prior to class.

By signing this form, I authorize the staff and instructors at **The Art Place** to administer **basic first aid treatment** to my child in the event of a minor injury while participating in studio classes, camps, or events. This may include, but is not limited to:

- Applying bandages or gauze
- Using antiseptic wipes
- Providing cold packs
- Removing splinters
- Offering comfort care until a parent or guardian can be reached

I understand that this does **not** authorize staff to administer medication or perform any medical procedures beyond basic first aid.

If further medical attention is required, I understand that staff will attempt to contact me immediately and, if necessary, call emergency services.

☐ I give permission for the instructors/staff of The Art Place to administer basic first aid to my child.

Childs Name _____

*Parent Signature _____ Date _____

Photo & Media Release

I grant permission for The Art Place to take and use photographs and/or video of my child during class for **studio use and marketing**. These may be used for promotional purposes, including studio displays, print materials, website, or social media. Children's names will not be published without additional consent.

- ☐ Yes, I give permission.
- ☐ No, please do not use my child's image.

Behavior & Studio Conduct Agreement

I understand that my child is expected to behave respectfully and follow studio rules. I agree to:

- Pick up and drop off my child on time.

No late or early drop-offs. No exceptions. A late fee that begins at \$10 will be assessed for late pick-ups. The instructor is not responsible for students who arrive too early or are picked up late. No refunds or pro-rating of class fees will be given for late or missed classes - thank you for your understanding. Every effort will be made to start and end classes in a timely manner, which includes student artists helping clean up their workspace.

- Communicate any behavior or safety concerns in advance.
- The Art Place reserves the right to suspend or dismiss a student for repeated or severe misconduct if safety or learning is disrupted (without refund).
- Support a safe, inclusive, and positive creative environment.

☐ I understand and agree to these expectations.

Payment & Cancellation Acknowledgment

- Class fees are non-refundable unless otherwise stated.
- Make-ups are only provided when the instructor cancels a class.
- The Art Place may substitute a qualified instructor if necessary.
- Missed classes by the student are not refundable or pro-rated.

☐ I acknowledge and accept the payment/cancellation policy.

Childs Name _____

***Parent Signature** _____ **Date** _____

Personal Belongings Disclaimer

The Art Place is not responsible for **any personal items** brought to the studio by students, parents, or guardians. This includes but is not limited to:

- Jackets, bags, water bottles, lunchboxes
- Art supplies, electronics, or valuables
- Phones, jewelry, or personal clothing

While we encourage students to keep track of their belongings, the studio is not liable for any items that are **lost, stolen, or damaged** during class, events, or while on studio property.

Please label personal items clearly and avoid bringing valuables to class.

☐ I acknowledge that The Art Place is not responsible for personal belongings brought to the studio.

Art and Classical Imagery Notice

At The Art Place, students are introduced to a wide range of artistic styles, cultures, and time periods. Occasionally, classical works may depict the human form (e.g., Michelangelo's *David*, Botticelli's *The Birth of Venus*). These images are presented in a respectful, age-appropriate, and educational context to foster appreciation of art history and culture.

These instances are rare and always presented within a respectful, educational context to encourage thoughtful discussion and appreciation of art's role in history and culture.

We value transparency and welcome any questions you may have. Our goal is to foster a safe, respectful, and enriching environment for all students.

Parent/Guardian Acknowledgment

- ☐ I have read and understand the **Art and Classical Imagery Notice**. I acknowledge that while rare, my child may be exposed to classical artworks that include the human form as part of their art education at The Art Place. I understand that these images will be presented in an educational and respectful manner.

Child's Name: _____

Parent/Guardian Name (Printed): _____

Illness & Health Policy

For the well-being of all:

- Children who are sick, contagious, or running a fever should not attend class.
- The Art Place reserves the right to send a child home if illness is suspected.

☐ I have read and understand the **Illness and Health Policy**

Students may only be released to parents/guardians or authorized adults listed below. Photo ID may be required.

Name: _____ Relationship: _____

Car Color/Type:

Name: _____ Relationship: _____

Car Color/Type:

Name: _____ Relationship: _____

Car Color/Type:

Name: _____ Relationship: _____

Car Color/Type:

Is there anyone that is NOT allowed to pick up your child that may try to do so?

Is there anything we may need to know in order to give us, you, and most importantly your child the best experience possible?

By signing below, I confirm that:

- I am the parent/guardian of the child named above and have legal authority to sign.
- I have read, understood, and voluntarily agree to all terms outlined in this packet.
- I release The Art Place from liability and give permission for my child to participate.

Child's Name: _____

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