Out of the Box Art Studio Mini farm studio Waiver of Liability Summer camp

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Read carefully please. Sign and return this binding legal document to Out of the Box Art Studio.

The form must be assigned by parent or legal guardian.

I the undersigned parent , am aware that participation in the activity Out of the Box Art Studio I accept risks associated with minor or serious injury associated with with art supplies, art equipment, outdoor play,small farm animals feeding under supervision.

In consideration of Out of the Box Art Studio LLC permitting my dependent child to participate in activities, I hereby voluntarily consent to and accept all risks associated with participation. To the extent permitted by law,I agree to indemnify , defend, save, hold harmless, discharge and release Out of the Box Art Studio, their agents , or employees(“releases”) from any and all liability, claims, causes of action or demands of any kind and nature whatsoever, including attorney fees incurred by releasees that may arise from releasees negligent conduct in connection with my participation in activities related to the activity of Out of the Box Art Studio LLC.I understand I am responsible for all medical expenses and / or property loses.

It is my express intent that this agreement of risk and waiver of liability shall serve as a release discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby certify that my child is in good health and I know of no medical reason why my child is not able to participate in the activity. I have informed the activity contact of any physical or medical conditions that might expose my child to unusual risk or harm. I hereby consent to first aid, emergency medical care and if needed , admission to a hospital when necessary for administering such care, for treatment for injuries that my child may substain while participating in the activity. I accept and will abide by behavioral expectations of the activities and the policies of Out of the Box Art Studio.

Note: A parent/ guardian must sign and accept responsibility for EACH participant’s actions and terms of the above agreement.

Parent/ Guardian’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_