

**Waiver, Release, hold Harmless, Video/photo release, and indemnification agreement**

As Consideration for participating in the Drawing & Craft Camp class held by www.studio4creation.com the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understand, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I understand that although every reasonable effort to minimize exposure to known risks will be taken, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, falls, fatalities, etc.) I am aware that certain risks and dangers exist in the activities that are beyond control of the class organizers.

3. I additionally agree to indemnify www.studio4creation.com , their predecessors, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.

4. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Video/ Photo Release/ artworks. I give permission for photographs and video of my child(ren) to be used in materials to promote the classes and understand they may appear on the internet. No names/front face will be used.

Please initial to confirm permission.

\_\_\_\_\_I give permission for photographs\_\_\_\_\_\_\_ I give permission for videos

Parent/Guardian Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Update01/01/2017