



WAIVER OF LIABILITY

Child's name _____

Child's birthdate _____ Boy/Girl _____ Email _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Cell _____

Emergency contact _____

Emergency Phone _____ Cell _____

PLEASE NOTE

All medicine must be in original container marked with the child's name and dosage instructions and left at the front desk with a signed permission slip. Epi pens must be similarly marked & left with the child's instructor with a signed permission slip. No exceptions!

Friend or Relative _____ Phone _____ Health Insurance Company / Policy Number _____

PLEASE NOTE ANY BEHAVIOR AND/OR MEDICAL ISSUES WE NEED TO BE AWARE OF.

Drug/ Food_ _____

Allergies _____

Special Needs _____

I understand Scottsdale Artists' School (instructors and staff) are acting only as agents and shall not be responsible or liable for any injury/ accident/ illness, which may occur on site or within the duration of class time. Please be aware that we must be able to reach you in the case of an emergency. All classes will be conducted with utmost care in a safe learning environment.

Please make arrangements to drop off and pick up your child on time. No child will be released without proper authorization from the parent/ guardian in advance. **For their safety, each day every child must be signed in and out.**

_____ Date _____ Parent/ Guardian signature _____ Please Print Parent/ Guardian name _____

Medical Authorization Form

I/We the undersigned parent(s)/guardian(s) of _____ do hereby authorize Scottsdale Artists' School (instructors and staff) to make any and all decisions and to authorize and consent to, any and all emergency medical care deemed necessary, to be rendered to the above named youth for their care and safety.

The undersigned understands that reasonable and diligent efforts will be made to locate or contact the undersigned in an effort to obtain consent to all medical treatment unless delay in such treatment would be unwise. The undersigned takes full responsibility for any financial cost which may be incurred for the care of the above named youth.

Photographic Permission Form

I hereby give my consent to use any of the photographs taken of _____ (child's name) for publicity as well as any of the artwork created in class. I do hereby release Scottsdale Artists' School from any claim whatsoever that may arise in said regard.

_____ Date _____ Parent/Guardian signature _____