

For The Love Of Art

Information and Release Form

“For The Love Of Art” - Art Classes and Camp

Please PRINT clearly – one copy required for each student

Name _____

Address: _____

Phone Numbers Contact: Home (_____) _____ Cell (_____) _____ Work: (_____) _____

Emergency Contact: Name _____ phone# (_____) _____

Email: _____

How Did You Hear About Us? _____

Confidential Medical Information:

Physician's Name _____ Phone _____

Food or Medical Allergy(s) _____

Date of last tetanus shot _____

Does participant take any medications regularly? NO _____ YES _____.

If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

Health Insurance Carrier: _____ Group Number _____ ID Number: _____

Does participant have any chronic medical conditions, illness or physical limitations that might inhibit the ability to participate in art classes?

NO _____ YES _____. If YES please list below.

Medical Release

I hereby authorize emergency medical treatment for the above-named participant in the event of any injury sustained during participation in Jennifer Richardson's "For The Love Of Art" art classes. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to the above named participant at no cost to Jennifer and William Richardson, "For The Love Of Art". The undersigned has read this medical authorization consent form and declares and affirms consent to the content herein stated. I assume all financial responsibility and waive all claims or future claims against Jennifer Richardson, "For The Love Of Art", its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf for any injuries sustained by the above-named participant. I understand that if my child becomes ill or is injured and I cannot be reached, the staff of "For The Love Of Art" will direct my child to be taken to a physician, hospital, etc., as the situation or occurrence may dictate. I authorize treatment which may be advised or recommended by an attending physician.

Signature

Date

Photographic Release

I authorize that photographs, videotapes and/or interviews may be taken of the above participant and that such photographs, videotapes or interviews may be published and used to promote For The Love Of Art. I also give permission to reproduce photographs taken of artwork for promotional purposes.

Signature

Date

Jennifer Richardson

www.ArtClassesAndCamp.com

415-336-9277

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REQUIRED SIGNATURES - VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

The safety of each participant is our highest priority. We take all reasonable precautions to ensure your and your child's physical and emotional safety. However, as in any other experience, we cannot eliminate all risk. By signing the following statements you will be acknowledging that you understand the risks of participating in classes, assuming liability for your or your child's participation and certifying that your application is complete and truthful.

Acknowledgement of Risk

I understand that "For The Love Of Art" art classes take place in the studio and home of Jennifer and William Richardson and at times in public locations. Any activity, including this one, can be the cause of personal injury, property damage, illness or death.

Signature

Date

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Jennifer and William Richardson, "For The Love Of Art", its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my or my child's participation in the Jennifer Richardson, "For The Love Of Art" classes. I further agree to hold harmless and indemnify Jennifer and William Richardson, "For The Love Of Art", its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my or my child's participation.

Signature

Date