

Gumboots Art Studio General Registration

Please take time to fill in all information and print neatly.

Student Name: _____

Age and Birth date: _____

Address: _____

Health Card Number: _____

Parent/Guardian Name: _____

Primary Phone number: _____

Work Phone number: _____

Email address: _____

Would you like to be contacted about upcoming classes? yes/no

Emergency Contact #1: _____

Phone: _____ Relation to participant: _____

Emergency Contact #2: _____

Phone: _____ Relation to participant: _____

Allergies/Special Concerns:

Does the participant have any allergies, medical concerns or other considerations that we should know about? If yes, please explain.

Photos: Please circle one: (Yes I do/ No I don't) give permission for the above participant and their artwork to be photographed during art classes and for these photos to be used in promotion of Gumboots Art Studio on their website or social media.

CONSENT & RELEASE FORM

Farm property & home access section

Please read thoroughly and initial all boxes before signing

Consent and Safety/Accident Waiver/ Release of Liability:

I recognize that there are inherent risks in participating in activities near by and on areas and equipment such as but not limited to risks associated with heights, trampoline use, hand built wooden playground equipment, zipline use, trips and falls, piles of sticks, electric farm fencing, farm animals, fencing, netting, slides, construction areas, swings, climbing rope and all related areas and equipment within and nearby the property located at 7353 Haslam Street.

I understand that these areas and equipment have not been inspected for safety and that I may choose to decline my child consent for access to them.

I am aware that the home and backyard of the property of which Gumboots Art Studio is located on are private property and not included in the Gumboots Art Studio and that entry may be granted at owners discretion with the understanding that I am responsible for my own health and safety and that of my child and or my guests for which I am granting consent by signing this form. That I may make the decision to leave my child unsupervised by me on these premises if I feel they are of the age and mind to act with caution. I understand that an adult will be present during activities in these areas, however I may not hold them accountable for any accidents or misuse of equipment that should befall myself, my children or my guests.

I AGREE to take on all or any liability and costs associated with accident or injury to myself, my children or party members. I hereby release the attending adult supervisors, property owners, Gumboots Studio and all its owners, employees, and volunteers of all liability for any injuries or accidents that may occur to me or any of my children or guests while participating in activities on the property located at 7353 Haslam Street.. I further agree to hold harmless and indemnify Gumboots Studio and its property owners from any fault, claims, actions or demands including but not limited to costs and attorney fees.

I _____ (Please print full name clearly) HEREBY ASSUME ALL OF THE POSSIBLE RISKS OF PARTICIPATING IN ALL/ANY ACTIVITIES on the property located at 7353 Haslam Street Powell River B.C. including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released, from dangerous or defective equipment or from property owned.

Gumboots Art Studio Art Class Policies & Safety Waiver Section

DRESS FOR A MESS AND COME PREPARED: It is the responsibility of parents to ensure students arrive in attire that may get stained or damaged by art supplies and that students bring clothing for current weather conditions as well as a filled water bottle.

Safety/Accident Waiver and Release of Liability Form:

I recognize that there may be certain inherent risks in participating in art and play activities at Gumboots Art Studio and on associated property. I agree that I am responsible for my own health and safety and that of my party and of my children and take on all or any liability and costs associated with accident or injury to myself, my children or group members. In consideration of accepting my registration or booking, providing art supplies and hosting this class or event I hereby release Gumboots Studio and all its owners, employees, volunteers, affiliates and property owners of all liability for any injuries or accidents that may occur to me or any of my children or guests while

participating in activities at Gumboots Studio or while on associated property. I further agree to hold harmless and indemnify Gumboots Studio and its property owners from any fault, claims, actions or demands including but not limited to costs and attorney fees.

I _____(Please print full name clearly) HEREBY ASSUME ALL OF THE POSSIBLE RISKS OF PARTICIPATING IN ALL/ANY ACTIVITIES at Gumboots Studio and associated property including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released, from dangerous or defective equipment or from property owned.

Please print name and phone # _____

Signature _____ Date _____

Witness _____ Date _____