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**Arts And Logic Art Classes • Camps • Workshop • Party**

**1759 233rd Pl NE Sammamish, WA-98074**

**954-591-2639**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY**

**AGREEMENT/ REGISTRATION FORM**

***\*\*ALL PARTICIPANTS NEED TO HAVE THS LIABILITY WAIVER SIGNED, IN ORDER TO PARTICIPATE IN ANY ARTS AND LOGIC***  ***PROGRAM. MINORS MUST HAVE FORM SIGNED BY A PARENT OR A COURT APPOINTED LEGAL GUARDIAN. ALL FORMS NEED TO BE SIGNED/AGREED PRIOR TO THE START OF THE PROGRAM. NO EXCEPTIONS! \*\****

**For us to process your registration(s) you must agree to the Liability Waiver after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed.**

**BY AGREEING TO THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, PROPERTY DAMAGE OR DEATH.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Participant | | | |
| First Name: |  | Last Name: | | |
| Birthdate: |  | School: Grade: | | |
| Program Name(s)/Date(s): |  | Adult(s) authorized to pick up child after program:  1.  2. | | |
|  | Parent/Legal Guardian | | | |
| Adult Name: |  | Adult Name: | | |
| Zip code: |  | Zip code: | | |
| Cell Phone: |  | Cell Phone: | | |
| Email: |  | Email: | | |
| **In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications to and for my child. Medical providers are authorized to disclose to the leader in charge examination findings, test results, and treatment provided for the purposes of medical evaluation of the participant, follow-up, and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.**    **The Above Information Is Accurate and Complete** | | | | |
| **Parent/Legal Guardian Signature:** | | | | **Date:** |

**On behalf of myself, my personal representatives, heirs, next-of-kin, spouse, or assigns, I hereby:**

In consideration for my and/or my family members’/wards participation in Arts And Logic program(s) that I wish to register for, I voluntarily RELEASE ARTS AND LOGIC AND ITS AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as “RELEASEES”) from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members’ participation in Arts And Logic programs or use of public/private trails, public/private roads, streets, freeways, expressways, beaches, lakes, rivers, creeks, ponds, pools or any body of water (regardless of size or depth), mountains, hills, or facilities in connection with this release. I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the to the injury or death or property damage suffered by me or any of my family members participating in these/any Arts And Logic programs. I further agree to INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney, expert witness fees and court costs) resulting from, or in connection with participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES. This release benefits Arts And Logic doing business under its own name or any other name and/or any of its owners, officers, employees, volunteers, and agents for any loss, liability, damage, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my/child’s/wards/spouses person or property. I further understand that minor or serious accidents may occur in route to, during the Arts And Logic program(s), or leaving the Arts And Logic program(s) that I am registering myself, spouse, or child/ward for, those participants in this/these program(s) may sustain mortal or serious personal injuries, and /or property damage, as a consequence of their traveling to or participation in this/these program(s). The risks include but are not limited to vehicular accidents, falls, sprains/ breaks/fractures, cuts/scrapes/scratches, bruises, rashes, insect stings/bites, broken or fractured bones, diseases acquired from insect stings or bites, and animal bites.

Knowing the risks of said event, nevertheless, **I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND**

**HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME, MY SPOUSE, OR MY CHILD/WARD FOR DAMAGES.**

**I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me, my spouse, or my child/ward in case of illness or accident during such program(s). In the event of injury of a child/ward/participant, and if a parent cannot be reached, the 911 Emergency Medical System will be contacted to transport the injured to the NEAREST HOSPITAL.**

**By signing this release, the undersigned understands and agrees that photographs may be taken during the programs and the undersigned hereby give permission to have his/her/minor child's photo taken and authorizes the use and reproduction of said photos by Arts And Logic. All photos and negatives taken at any program become the sole property of Arts And Logic and may be used for promotional handouts and on our website. Art created by kids can also be used as promotional material. If the participant(s) is a minor under the age of 18, his/her parent or legal guardian authorizes the use of the photos and art as stated above.**

**Behavior Policy: Arts And logic** seeks to provide a positive and safe and fun environment for all participating kids. Good manners, cooperation, respect, and responsibility for self, property, and others will be encouraged at all times. If a child does not meet these expectations, a parent will be notified. Fighting/ physical contact will not be tolerated. Immediate parent pick- up is mandatory. Any children who are removed in any way are not eligible for refund or credit.

**BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND SIGNIFY THAT I AM THE CHILD’S BIOLOGICAL PARENT/COURT**

**APPOINTED LEGAL GUARDIAN. I AND THE CHILD’S OTHER PARENT(S)/Legal Guardian (s) SIGNIFY THAT WE HAVE**

**READ, UNDERSTAND, AND VOLUNTARILY AGREEE TO BE BOUND BY EACH OF THE TERMS STATED ABOVE AND PROMISE NOT TO SUE FOR ANY AND ALL CLAIMS. BY MY ACCEPTANCE I AM VOLUNTARILY AGREEING TO THESE TERMS FOR MYSELF IF I CHOOSE TO PARTICIPATE.**

 I agree to the terms and conditions posted above.

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**Parent/Legal Guardian Signature Relationship to Participant Date**