

The Studio Art Classes with Debra Bianculli

32 Saint Mary's Drive

Jefferson, MA 01522

(508) 826-5725

www.debrastudio.com/classes

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Summer Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in Art Classes with Debra Bianculli at 32 Saint Mary's Drive in Jefferson, Massachusetts 01522.

I understand that camp activities include play and outdoor activities wherein there could be mosquitos, bees, ticks, and slippery or hard surfaces among other dangers and risks. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide snack and sunscreen for my child to use at class. In the event of illness, injury, and/or accident, I authorize the class instructor to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice. I understand that the Art Class may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement. I understand that the risks associated with class activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that Debra Bianculli is not liable for any injuries or other occurrences due to indoor and outdoor Art Class activities or related risks, and/or the actions or omissions of the teacher Debra Bianculli or any other entities being released. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity. In consideration of my application and permitting my child to participate in this activity, I hereby: WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of Debra Biancullil, or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity; INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Debra Bianculli and she is released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holder. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Debra Bianculli is hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Child's Printed Name (Please print legibly)

Age

Parent/Guardian Printed Name

Parent/Guardian's Signature

Date