

Minors Release & Waiver Form for Art-Sea Living, Inc. After School Program, Camp or Classes @ ArtSea Living Studio and Boynton Beach Arts & Cultural Center:

I, _____, **(Parent/Guardian Name)** do hereby release Art-Sea Living, Inc. and/or Art-Sea Studio from any responsibility for injury or illness that may occur while _____, **(Child Name)** participates in the activities at ArtSea Living, Inc. I waive my right to receive monetary compensation from Art-Sea Living, Inc. and/or ArtSea Living Studio in case of accident or injury. I accept full responsibility for my child's actions and for injuries which may occur while he/she is participating in programs sponsored by Art-Sea Living, Inc. and/or ArtSea Living Studio, while using their facilities or equipment. I acknowledge the risks associated with attending art programs at Art-Sea Living, and agree that my child will attend voluntarily. I acknowledge that I have the opportunity to see and inspect Art- Sea Living, Inc. and/or Art-Sea Studio facilities and equipment prior to the start of my child's involvement. I assume all risk of injury arising out of Art-Sea Living, Inc. and/or Art- Sea Studio and of the activities of any other participants.

Child's Name: _____ **Age:** _____ **School:** _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email Address: _____

Today's Date: _____

Parent or Guardian Signature:

X

~~~~~

**First Aid Permission:**

I give permission for my child to receive appropriate first aid from qualified staff members in the event of an accident or injury, and to be transported to the hospital or doctor's office for needed medical care.

***Parent or Guardian Signature:***

**X**

~~~~~

*****Allergies: YES / NO**

My child has the following allergies or issues and should not eat/drink the following:

*A Reminder: If your child has a food allergy you must **PREPARE THEIR SNACK & LUNCH** and **let us know about it.***

~~~~~

**Photography Permission:**

I grant ArtSea Living, Inc., its representatives and employees permission to photograph my child. I grant permission that Art-Sea Living may use such photographs for any lawful purpose, as publicity, illustration, advertising, and web content.

***Parent or Guardian Signature:***

**X**

~~~~~

Notes:

Is there anything else we should be aware of? _____

COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION FOR ART-SEA LIVING, INC., BOYNTON BEACH ARTS & CULTURAL CENTER, BARBARA LENTZ AND EMPLOYEES

I agree that I am personally responsible for my safety and my child's safety while at ArtSea Living. I also agree to comply with all policies & guidelines that ArtSea Living has in place. I understand that I will not bring my child to camp or class if he or she shows any signs of illness or if anyone in my household has been sick in the past two weeks with any similar signs or symptoms that could be related to Covid19.

Parent or Guardian Signature:

X _____

Parent/Guardian Name: _____

Child's Name: _____

Today's Date: _____