

BRUSH STROKES AND MORE LLC

661 Maplewood Drive Suite #17, Jupiter, FL 33458

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WAIVER AND RELEASE/ASSUMPTION OF LIABILITY FORM

AUTHORIZATION OF PARTICIPATE. This form is to allow the participator _____, (Printed Name of Participator or Participators), to participate in various activities by Brush Strokes And More LLC. I understand this activiteis or event will involve the following; art camp or art classes using different art supplies and medias.

CERTIFICATION OF CAPABILTLITY TO PARTICIPATE AND UNDERSTANDING OF RISKS/ASSUMPTION OF RISKS. My signature on this form is my certification that the participator is physically capable of enaging in activity or rvent described above, and I hereby give my consent for the participator to engage in this activity or event. Further, I acknowledge that I have had the risks of the participator participating in this activity or event sufficiently explained to me, and I understand the risks posed to the participator by engaging in this activity or event (or I have declined such explaintion because I already understand the risks involve in the activity or event). In exchange for allowing the participator to participate in the activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with the participator participate in this activity or event. Acknowledging that such risks exist, I hereby release and discharge Brush Strokes And More LLC, its officers, agents, and employees from any and all claims or liability for personal injury or property damage participator may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release Brush Strokes And More LLC and the officers, agents, and employees of the camp for any negligence of the camp, or its officers, agents or employees.

CONSENT OF TREATMENT. The Guardian and participator each hereby release and forever discharge Brush Strokes And More LLC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the participator time at Brush Strokes And More LLC. The guardian and participator each understand that we expressly waive any such claim for compensation or liability on the part of Brush Strokes And More LLC beyond what may be offered voluntarily and freely by the representative of Brush Strokes And More LLC, in its sole discretion in the event of such injury or medical expense

Behavior. As the guardian of said participator I, and the participator each understand that the participator's behavior at Brush Strokes And More LLC must comply with all rules and regulations.

Photographic Release. As the guardian of said participator I , and the participator each grant and convey unto Brush Strokes And More LLC all right, title, and interest in all photographic images and video or audio recordings made by Brush Strokes And More LLC.

Signature

Name and Address Printed

Date