

**Willow Art Studio**  
**Parent / Guardian Waiver & Consent Form**

Student Name: \_\_\_\_\_  
Parent / Guardian Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Class / Program: \_\_\_\_\_  
Start Date: \_\_\_\_\_

**Assumption of Risk**

I understand that participation in art classes at Willow Art Studio may involve the use of art materials and tools such as pencils, paints, brushes, solvents (non-toxic where possible), and other studio equipment. While all reasonable care and supervision are provided, I acknowledge that there is a minimal risk of injury associated with participation.

I voluntarily assume full responsibility for any risk of injury, loss, or damage arising from my child's participation in studio activities.

**Release of Liability**

I hereby release, waive, and discharge Willow Art Studio, its instructor Ms. Trina Pang, and any assistants from any and all claims, liabilities, demands, or causes of action arising out of or related to my child's participation in classes, workshops, or studio activities, except in cases of gross negligence.

**Medical Consent**

In the event of an emergency, I authorize the instructor to seek medical treatment for my child if I cannot be reached immediately. I understand that I am responsible for any medical expenses incurred.

Allergies / Medical Conditions (if any):

**Studio Conduct & Safety**

I understand that Willow Art Studio maintains a respectful and safe learning environment. The instructor reserves the right to discontinue sessions if a student's behavior compromises safety or disrupts the learning experience.

**Drop-Off & Pick-Up Policy**

I acknowledge that parents or guardians are responsible for timely drop-off and pick-up of their child. Willow Art Studio is not responsible for supervision outside of scheduled class times.

**Photo & Artwork Permission (Optional)**

- ☐ I give permission for photographs or images of my child's artwork or participation to be used for studio promotion (website, social media, flyers).
- ☐ I do not give permission.

**Agreement & Signature**

I have read and understand this waiver and consent form and agree to its terms.

Parent / Guardian Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_