

Dear Parent/Guardian,

We are excited to offer your child the opportunity to participate in this Urban Sketch Workshop organized by USArts Center. This educational experience will allow students to observe and sketch various building structures, contributing to their understanding of architectural structure and perspective as well as build their skill in quick sketching.

Please review the following information and sign where indicated to ensure your understanding and agreement with the terms outlined in this document. Please note that students are not allowed to participate in this program unless their parents / guardians sign this consent form.

**Activity:** Urban Sketch Workshop

**Date(s) of Activity:** August 3<sup>rd</sup> 2026 – August 7<sup>th</sup> 2026

**Destination(s):** Multiple locations (all are within 10-mile radius from Vienna school)

**Acknowledgment of Potential Risks:**

While US Arts staff members will take every precaution to ensure the safety of participants, by signing this form, you acknowledge that the program may still involve certain risks, including but not limited to physical related, property related, weather related, transportation related, and other unforeseen incidents that may occur during the duration of the program.

**Liability Release and Indemnification**

By signing this consent form and waiver, you acknowledge and accept the risks associated with the field study and agree to release US Arts Center, its faculty, staff, and any volunteers from any and all liability arising from any injuries, damages, or losses that may occur during or in connection with the field study. You also agree to indemnify and hold harmless to US Arts Center, its faculty, staff, and any volunteers, against any claims, losses, damages, liabilities, costs, and expenses (including attorney's fees) resulting from any injury, losses or damage caused by or arising from your or your child's participation in the workshop.

**Emergency Medical Authorization**

In case of an emergency, you authorize US Arts, its employees, and volunteers to seek medical treatment for you or your child. You understand that you are financially responsible for any medical care provided. In the event of an emergency, we will use the contact information provided below. Parents/Guardians have the responsibility to inform the school of any relevant medical conditions or allergies that your child may have.

**Code of Conduct**

Students are expected to adhere to US Arts' regulations and follow the instructions provided by teachers, chaperones, and staff members throughout the workshop. Any violations may result in disciplinary action and/or removal from the program without tuition refund.

**Signature**

By signing below, you acknowledge that you have read, understood, and agree to the terms outlined in this consent form and waiver.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Full Name (Print):** \_\_\_\_\_

Date: \_\_\_\_\_

**Student Name (Print):** \_\_\_\_\_

**Parent/Guardian Contact Information:**

- Parent/Guardian Name:
- Daytime Phone Number:
- Email Address:

**Emergency Contact Information (if different from Parent/Guardian):**

- Emergency Contact Name:
- Relationship to Student:
- Daytime Phone Number: