

ART TANK.

PARENTS AND GUARDIANS MUST INITIAL ALL LIABILITY ACKNOWLEDGMENTS AND THEN SIGN AND DATE IN AGREEMENT BELOW.

PLEASE PRINT YOUR (FULL LEGAL NAME) - _____

PLEASE PRINT YOUR CHILD/REN (FULL LEGAL NAME/S) - _____

_____ I am aware that art related practice is usually safe. I acknowledge however, there poses potential for risk and hazard.

_____ I am aware that any art activity could include risk of injury. Knowing this, I engage voluntarily in the enrollment of my child, as a participant of **After School Art Tank**. **I will not engage Formative Mark Inc. or Natasha Delgado in litigation over any injury sustained in studio or while my child is participating in any ART TANK related workshop.**

_____ I permit my child to participate fully with all art related mediums housed in studio, I permit art related educational content to be presented to my child.

_____ I voluntarily assume full responsibility for any risks of loss: property damage, or personal injury, including the unlikely event of death, that could ensue while engaged in this after school program.

_____ I voluntarily assume any loss or damage to property owned by me or my child.

_____ I understand and agree to comply with all **Art Tank** 'sign-out' policies.

_____ I understand that the ART TANK studio is in the basement of a private residence; **3675 Conifer Ct. Boulder 80304.**

I acknowledge the studio is only open during ART TANK hour of operation. Children must be gathered promptly as adventures come to a close. In event of short delay or emergency where an individual can't claim student by designated studio end time, **I/We** will call the facilitator at **720-376-9844** and inform her of the situation. If student is ever not-claimed by a permitted sign-out individual (**without a courtesy call**) a \$25.00 fee will be billed.

_____ I acknowledge the studio space is in the basement of a private residence. The entrance permitted for studio access is located on the south side of the home; there are **stairs** leading down to studio entrance. All students and guests shall enter by this door. Assume caution on stairs. Formative Mark and or Natasha Delgado refuses liability of personal negligence on stairs.

_____ I agree that I **will not EVER** send a sick child to studio. **I/We** will inform instructor in the event of any absence.

_____ I acknowledge the home where the **Art Tank** studio is housed has been exposed to pets. Household pets will not be present in studio while participants occupy space. I voluntarily acknowledge that these conditions are suitable for my child who may or may-not present with animal-dander induced allergies. If my child requires an epi-pen for any reason **I/We** will provide one for emergency use. Only if student is not capable of self-injection will the facilitator assist in administering shot. **I/We** agree to this plan of action.

_____ I acknowledge the home and studio space located at **3675 Conifer Ct Boulder 80304** is equipped with all proper smoke and carbon monoxide detectors. The home and studio has several fire extinguishers. **I am** aware that the facilitator will go over emergency/evacuation protocol with all participants during first visit to studio. A drill will also be performed from time to time.

_____ I understand and acknowledge **Art Tank** emergency protocol: In the event of an accident that **does not** require immediate medical attention, facilitator will address the injury utilizing standard first aid. A phone call will go out to parent/guardian. In the event of any **life threatening** emergency, will promptly call **911**. A phone call to parent/guardian will follow dialing for emergency response.

PLEASE LIST PREFERRED HOSPITAL _____.

_____ **Art Tank** is owned and facilitated by **Natasha Delgado**. **Detchen Foxx** is Natasha Delgado's artists name. **I am** aware that Natasha Delgado holds degrees in both Art and Psychology. Due to her past career in Education, Natasha Delgado's CBI is still in good public standing. *Natasha is certified in CPR/FIRST AID.

_____ **I am** aware photos of my child and their art work may be snapped. I know I can opt out of any publication of photos containing my child/ren. *I must document photography opt-out on the Enrollment Addendum.

_____ **I am** aware the studio facilitator will offer healthy organic fruit snacks to all participants. **NO SUGAR (CANDY) IS PERMITTED IN THE STUDIO. Students are highly encouraged to bring a personal water bottle to studio. CHECK THIS BOX IF YOU DO NOT WISH YOUR CHILD TO EAT THE PROVIDED FRUIT SNACK**

_____ **I understand and acknowledge that ONLY payments of cash or check are accepted. Return check fee of \$25.00. Enrollment Payments must be made before studio visits commence. Checks payable to: Formative Mark**

PARENT/GUARDIAN SIGNATURE _____ DATE _____