



ARIZONA ARTS ACADEMY

**Arizona Arts Academy
Release of Liability Waiver
9502 S Highway 92, Hereford, AZ 85615**

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT WITH ALL STATEMENT MADE.

Authorization and Release of Liability

I, the parent or guardian of the below named child/children, authorize participation of my child/children in various school-related activities and all elective activities of Arizona Arts Academy.

I understand that my child's participation is voluntary, and school-related activities are conducted by AAA, volunteers, and staff, including parents of other participating children. I also understand that AAA is solely responsible for all aspect of school-related activities including selection and supervision of all people conducting activities, and I understand and agree that my c:hild's participation in athletic and other activities of AAA necessarily involves the risk of injury and even death from various cases, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing ea and equipment defects, and negligence of supervisory persons. On behalf of my child/children, my family, and I, I assume these risks.

In consideration of the privilege of my child's/children's participation in school-related activities, and on behalf of my child/children and me as parent/guardian, I hereby release, hold harmless and indemnify, and covenant not to sue Arizona Arts Academy and AAA employees, volunteers, insurers, and other people associated with AAA (including but not limited to sponsors, parents, officials, drivers, and organizations) as to any and all claims of my child/children, me and other family members for personal injuries suffered by my child/children, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's/children's participation in AAA activities, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child/children, that I as the

parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child/children. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

RURAL CAMPUS

We do not want to frighten you or reduce your enthusiasm for attending and participating in Arizona Arts Academy, but we do think it is important for you to know in advance that there are risks inherent. The following are some, but not all, of the potential hazards: (a) traversing uneven ground; (b) interactions with wild animals and insects on the property; (c) dense or hazardous vegetation; (d) exposure to water and changing adverse weather conditions; (e) unsafe acts by other participants; (f) transmission of disease including, but not limited to, COVID-19; and (g) other known or unknown risks inherent to a rural campus and participating in outdoor recreational activities.

MEDICAL CONDITIONS

I understand that participation in Arizona Arts Academy instruction and activities may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in activities. I understand that AAA or its representatives may request health information concerning my child. If AAA determines that my child has a physical or mental condition that may affect his/her ability to safely and appropriately participate in school-related activities, AAA may determine that my child cannot be permitted to participate. I understand and agree that, while AAA desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill during school-related activities, and if I, the parent or guardian of the below-name child, am not present to make medical decisions, I hereby authorize Arizona Arts Academy, its staff, volunteers including parent volunteer parent participants, supervisors, and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent for medications for pain and other conditions as prescribed by medical personnel attending to my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child.

GENERAL MEDICAL/SCHOOL POLICIES

1. Parents will be notified and expected to pick up students who have a temperature of 100 degrees or above, are vomiting, or have diarrhea. Students with any of these symptoms before school in the morning will need to stay home until they have gone 24 hours without those symptoms.

2. Children with suspected "pink eye" will be sent home and need to be treated for 24 hours before returning to school.
3. All medications must be brought to the office. Students who need to have an asthma in- haler with them must bring an annual doctor's note to have on file in the office. Failure to label medication correctly makes it impossible to know what should be given and when. Any medication should be sent in original container, clearly labeled with all of the following information:
 - a. Student's Name and Grade
 - b. Today's date and start/end dates for the medication.
 - c. Name of medication
 - d. Amount to be given, time of last dose, and time(s) to be given while at school
4. Permission is granted to AAA to use, and/or copyright personally identifiable information about the below student(s) including photos, video, name, academic/athletic/attendance achievements, and/or art works for publication, advertising, or other lawful purposes. Please check the box if you do NOT want your child/children to participate.

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Signature

Date

Address

E-mail Address

Telephone#

Child's Name and Grade