



# ARIZONA ARTS ACADEMY

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## RELEASE OF LIABILITY WAIVER

**STUDENT NAME (printed):** \_\_\_\_\_

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

### Authorization and Release of Liability

I, the undersigned parent or legal guardian of the above named student, authorize participation of my child 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 Arizona Arts Academy (AAA), volunteers, staff, and parents of other participating children. I also understand that AAA is solely responsible for all aspects of school-related activities including selection and supervision of all people conducting activities. I understand and agree that my child's participation in athletic and other activities of AAA involves the risk of injury and even death from various cases, including but not limited to accidents, falls, physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, incorrect usage of or playing on playground equipment, etc. On behalf of my child, I assume these risks.

In consideration of the privilege of my child's participation in school-related activities, and on behalf of my child and me as the parent or legal guardian, I hereby release, hold harmless and indemnify, and covenant not to sue Arizona Arts Academy, their 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, me, and other family members for injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child'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, that I as a parent/guardian, and that other family members may have. If any provision of this Release of Liability shall be deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding upon 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 Arizona Arts Academy, but we do think it is important for you to know that there are inherent risks with a rural campus. The following are some, but not all, potential hazards: A) Traversing uneven ground; B) Interactions with wildlife 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; 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 the 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/guardian of the above named child is not present to make medical decisions, I hereby authorize Arizona Arts Academy, its staff, volunteers, parent volunteers, supervisors, drivers, etc. to arrange for and consent on my behalf to emergency medical and dental 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 any student who has a temperature of 100.4°F or above, is vomiting, and/or has diarrhea. Students with any of these symptoms before school will need to stay home until they have 24hr without symptoms.
2. Students with suspected “pink eye” will be sent home and need to be treated for 24hr before returning to school.
3. All medications must be brought to the office. All medications should be sent in the original container (or “school bottle”), clearly labeled with the student’s name, name of the medication, dosage amount to be given, and time the medication should be given during school hours. Failure to label medication correctly makes it impossible to know what should be given, to whom, and when.
4. Students who need to have an asthma inhaler with them must bring an annual doctor’s note to have on file in the office.
5. Permission is granted to AAA to use, and/or copyright personally identifiable information about the above named student including photos, video, name, academic/athletic/attendance achievements, and /or art works for publication, advertising, or other lawful purposes. Please check the box if permission is NOT granted for use of likeness.

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

\_\_\_\_\_  
Parent/Guardian Name (printed) Date

\_\_\_\_\_  
Parent/Guardian Name (signature) Contact Number

\_\_\_\_\_  
Parent/Guardian Email Address