

PENCIL ON PAPER GALLERY

yoga & art classes for kids, art gallery.
studio art classes for kids, teens, & adults



Transportation Waiver and Release

I, the undersigned, give my consent for the person identified below to be transported by Dr. Valerie Gillespie/Pencil on Paper Gallery, LLC and I will assume all liability for their participation in studio art classes or yoga and any injury that may result during the transport to and/or from Pencil on Paper Gallery, LLC.

Further, by signing below:

1. I will not hold Pencil on Paper Gallery, LLC, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such travel.
2. I authorize Pencil on Paper Gallery, LLC to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
3. I accept full responsibility and hereby grant permission for my minor student to travel with Dr. Valerie Gillespie of Pencil on Paper Gallery, LLC.

Transportation Permission:

I do here by give permission for person identified below to ride in the Pencil on Paper Gallery, LLC vehicle driven by an approved and licensed individual, Dr. Valerie Gillespie to Pencil on paper Gallery, LLC located at 14466 Midway Rd., Farmers Branch, TX 75244.

Transportation Safety

All children transported by Pencil on Paper Gallery, LLC must adhere to safety rules. Students must remain seated, wear a seatbelt and follow the staff's directions at all times. Because of our safety requirements, any violation of this transportation policy may result in restriction of your child riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents immediately of any discipline problems that occur in our vehicles.

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT VOLUNTARILY.

PRINT NAME OF LEGAL PARENT OR GUARDIAN OF MINOR _____

ADDRESS _____ CITY _____

STATE _____

ZIP CODE _____

EMAIL ADDRESS _____

PHONE NUMBER _____

LEGAL PARENT OR GUARDIAN SIGNATURE _____

TODAY'S DATE _____

PRINT NAME OF STUDENT PARTICIPANT _____

DATE OF BIRTH _____ (IF SAME AS ABOVE PLEASE WRITE SAME)

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____

EMAIL ADDRESS _____

PHONE NUMBER _____

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____ RELATION TO STUDENT _____

Pencil on Paper Gallery

Gallery. Studio Art Classes. Yoga.