



Recess Arts & Crafts Club

Release of Liability and Parental Consent Form

Student's Name: _____

Grade: _____

Teacher's Name: _____

Acknowledgment of Risk & Release of Liability

I, **(Parent/Guardian Name)** _____, as the parent or legal guardian of **(Student's Name)** _____, give permission for my child to participate in the Recess Arts & Crafts Club.

I understand that while every effort will be made to ensure a safe and supervised environment, participation in activities, including outdoor recess and arts & crafts projects, may involve inherent risks such as:

- Minor cuts, scrapes, skin irritation, or bruises from crafting tools and materials
- Potential exposure to outdoor elements (e.g., sun, insects, uneven surfaces)
- Accidental slips, trips, or falls during recess activities

I acknowledge that my child's participation is voluntary, and I assume all risks associated with these activities. I agree to release, waive, and discharge **[White Plains Schools/Calhoun County Board Of Ed or Let Them Play Academy LLC]**, its staff, volunteers, and representatives from any and all claims, liabilities, or damages arising from my child's participation in the club.

Medical Authorization

In the event of an emergency where I cannot be reached, I authorize the club staff to seek medical treatment for my child, including calling emergency services if necessary. I understand that I am responsible for any medical expenses incurred.

Photo/Video Consent (Optional)

I give permission for my child to be photographed or recorded during club activities for promotional or educational purposes.

I do not give permission for my child to be photographed or recorded.

Agreement & Signature

By signing below, I confirm that I have read, understand, and agree to the terms of this Release of Liability and that I voluntarily allow my child to participate in the Recess Arts & Crafts Club.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Emergency Contact Name & Phone: _____