

BRUSH STROKES AND MORE LLC

661 Maplewood Drive Suite #17, Jupiter, FL 33458

Phone: 561-277-9181 Web: www.bsamllc.com

WAIVER AND RELEASE/ASSUMPTION OF LIABILITY FORM

AUTHORIZATION OF PARTICIPATE. This form is to allow the participator _____, (Printed Name of Participator or Participators), to participate in various activities by Brush Strokes And More LLC. I understand this activiteis or event will involve the following; art camp or art classes using different art supplies and medias.

CERTIFICATION OF CAPABILTLTY TO PARTICIPATE AND UNDERSTANDING OF RISKS/ASSUMPTION OF RISKS. My signature on this form is my certification that the participator is physically capable of enaging in activity or event described above, and I hereby give my consent for the participator to engage in this activity or event. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Brush Strokes And More LLC (BSAM) or participation in BSAM programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless BSAM, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the BSAM, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any BSAM program. BSAM has put in place preventative measures to reduce the spread of COVID-19; however, the BSAM cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the BSAM could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the BSAM and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the BSAM may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BSAM's employees, volunteers, and program participants and their families

CONSENT OF TREATMENT. The Guardian and participator each hereby release and forever discharge Brush Strokes And More LLC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the participator time at Brush Strokes And More LLC. The guardian and participator each understand that we expressly waive any such claim for compensation or liability on the part of Brush Strokes And More LLC beyond what may be offered voluntarily and freely by the representative of Brush Strokes And More LLC, in its sole discretion in the event of such injury or medical expense

Behavior. As the guardian of said participator I, and the participator each understand that the participator's behavior at Brush Strokes And More LLC must comply with all rules and regulations.

Photographic Release. As the guardian of said participator I, and the participator each grant and convey unto Brush Strokes And More LLC all right, title, and interest in all photographic images and video or audio recordings made by Brush Strokes And More LLC.

Signature

Name and Address Printed

Date