

Active Expressions Art Academy

2040-B South Church St, Ext,
Spartanburg, SC 29306-4517

Art Program Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the Active Expressions Art Academy Summer Program.

I understand that program activities could include play and outdoor activities around and near the Active Expressions Art Academy grounds, hikes and walks there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may travel by school bus or private services and/or metro to local sites and be walking along downtown streets and in public and private museums and historical sites. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for program activities, and to provide insect repellent and sunscreen for my child to use at program. I will not expect the Active Expressions Art Academy to provide these items. I give my permission for Active Expressions Art Academy program leaders to apply or assist with the application of the repellent and sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the program instructor or any Active Expressions Art Academy employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by Active Expressions Art Academy's student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Active Expressions Art Academy may, in its sole discretion, dismiss any program participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of program fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with program activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the Active Expressions Art Academy is not liable for any injuries or other occurrences due to indoor and outdoor program activities or related risks, and/or the actions or omissions of Active Expressions Art Academy program counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from all liability, including but not limited to, liability arising from the negligence or fault of the Active Expressions Art Academy, its board directors, officers, employees, program counselors, volunteers, entities, or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity.

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Active Expressions Art Academy, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Active Expressions Art Academy, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly)

Age

Parent/Guardian Printed Name (Please print legibly)
(If under 18 years old, Parent or Guardian must also sign)

Parent/Guardian's Signature

Date