

**Art Gallery of Sudbury Art Camp and Education
Student Information and Liability Waiver Form**

Name of student(s): _____

Emergency contact: _____

Emergency phone number: _____

Release and Waiver

As the parent or legal guardian of the child above, who is a minor child under the age of eighteen (18) (hereinafter "my Child"), and in exchange for the benefits to be derived by my Child's participation in this Activity, provided by the Art Gallery of Sudbury I hereby agree, on behalf of myself and my child, to the following:

I hereby grant my permission for my Child to participate in the Activity. I am fully aware of the risks and hazards connected with my Child's participation in the Activity, and hereby elect to allow my Child to voluntarily participate in the Activity, knowing that the Activity may be hazardous to my Child to his/her/ their property. **On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my Child,** or any loss or damage to property owned by myself or my Child, as a result of my Child being engaged in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR ITS VOLUNTEERS, AGENTS or otherwise.

On behalf of myself and my Child, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the ART GALLERY OF SUDBURY, and their officers, servants, agents, employees, or volunteers (hereinafter "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by me, or my Child, to any property belonging to me or my Child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Activity.

Health Care Authorization

The undersigned hereby authorizes the ART GALLERY OF SUDBURY to perform any acts which may be necessary or proper to provide emergency health care of any students in the event that the parent/guardian and/or emergency contact cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergencies medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that they are responsible for all costs and expenses of such medical treatment.

Photo Release

Unless marked 'NO' below, I give permission to photograph my Child and/or their artwork for educational purposes, publicity, and/or Art Gallery of Sudbury advertising and to promote the work of the AGS student.

YES NO Initial for confirmation: _____

Parent/guardian printed name: _____

Signature: _____

*The ART GALLERY OF SUDBURY will keep this form on file for future reference. Please notify the staff of any changes to the above information.