



EASEL ART STUDIO, INC.
Waiver of Liability and Release of All Claims

As parent and/or guardian of _____, I am authorized to execute this waiver of liability as to EASEL ART STUDIO, INC on behalf of my minor child and myself.

As a condition of participating in a Easel Art Studio, Inc (“Easel Art Studio ”) program, I understand that I must agree to waive any legal liability claims against Easel. I understand that Easel will try to ensure that its programs are safe and enjoyable for its participants, but I also understand that accidents may happen. I fully waive and release Easel and all of its members, employees, and agents from any and all claims and causes of action existing now or in the future as a result of my child’s participation in activities with Easel . I agree not to sue Easel and its members, employees and agents as a result of any claim, injury or event that may occur as a result of participation in activities with Easel . I agree to indemnify Easel and its members, employees, and agents against all claims, damages, and attorney’s fees relating to my child’s participation in Easel activities.

If your child requires any medicine on site (including an EpiPen or Benadryl) you must provide said product to Easel Art Studio. I understand that participation in camp activities involves some inherent risks and danger of accidents resulting in physical injury. Knowing these risks, I hereby assume these risks on behalf of my minor child. In addition, I hereby authorize the staff of Easel Art Studio to use their best judgment in any emergency situation and release Easel Art Studio from liability resulting from injury sustained, including death, as a result of participation in the camp.

I also acknowledge that Easel may periodically photograph or video its participants and their artwork and I grant my full permission for Easel to photograph, video, record, or reproduce images of my child and their artwork. I consent to Easel ’s use of these recordings and agree to relinquish any claims to royalties or damages.

I acknowledge and understand that Easel has a **NO nut product requirement** for all Participants and their families. This means that I promise not to provide my child with any food items containing nuts, nut by-products, or made in contact with nuts for consumption at Easel or on any Easel function. I understand that many children have peanut and other nut allergies and that sending my child with nut-containing products may cause allergic reactions in other participants. If my child has a nut allergy, I understand that it is impossible to eliminate all nut contact. I hereby waive any and all claims against Easel for any exposure, intentional and/or negligent, my child may encounter to nut, nut by-product, or product made in contact with nuts.

I understand that Easel may take participants to Erhler Playlot Park and Holstein Park, Penguin Foot Pottery, Chicago Art Institute, the 606 Trail, and Zen Garage Yoga. I grant my permission for Easel to take my child to these parks and spaces for recreation.

I have read and fully understand this Waiver of Liability and Release of All Claims, and agree that this Waiver of Liability and Release of All Claims shall be binding upon the undersigned and the respective heirs, legal representatives and assigns of the undersigned, and shall be for the benefit of Easel, the released and indemnified parties described above and their respective heirs, successors, legal representatives and assigns. The release, covenant not to sue, and assumption of risk in this document shall be as broad and inclusive as is permitted under applicable law. I am the custodial parent or legal guardian of my child and I

hereby consent to his or her participation. I have read this agreement, understand it terms, and agree on behalf myself, my child, and anyone who may act on behalf of my child in the future.

Child's Name _____

By: _____

Printed Name: _____

Relation to Child: _____

EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION

General Information

I, _____, of _____ [address], City of _____, County of _____, State of Illinois, am the _____ [father or mother or legal guardian] of _____ [name of child] the Student, a minor, who lives at _____ [address], City of _____, County of _____, State of Illinois.

I give my consent, after all reasonable attempts to contact me at _____ [telephone number] or _____ [other parent or guardian] at _____ [telephone number] have been unsuccessful, for:

(1) The administration of any treatment deemed necessary by Dr. _____ [preferred physician] or by Dr. _____ [preferred dentist], or, in the event the specified practitioner is not available, by another licensed physician or dentist; and

(2) The transfer of the child to _____ [preferred hospital] or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for surgery are obtained in writing prior to the surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical history:

Medical Information:

a.) Drug Allergies:

b.) Medication being taken:

c.) Date of last tetanus shot: _____

d.) Physical impairments: _____

e) Please list any known health problems, not listed above, (such as diabetes, heart trouble, epilepsy, or asthma, etc.) that Easel Art Studio should be aware of:

f.) Please list any physical activities in which the Student should not participate:

g.) Please list any foods that the Student should not eat or be in proximity to:

h.) Please list any religious restrictions regarding what can be done for your child in emergencies/health care situations:

Other pertinent facts to which physicians should be alerted:

Easel Art Studio will maintain this medical information sheet at its regular place of business and will return this form to the child's parent or guardian upon request at the termination of the child's participation in Easel Art Studio activities.