

Pottery Classes Registration / Liability Waiver and Emergency Contact Form

Classes or Event Registering for:_			
In case of emergency, it is understood that the student is in good physical and mental health. Special health consideration should be indicated below on this form and acceptance is at the discretion of fayezart studio. I understand that every effort will be made to contact parents or guardians of students. In the event that I cannot be reached, I hereby give permission to the physician selected by fayezart to hospitalize, secure treatment for and to order injection, anesthesia or surgery for student as named herein. In signing this form, I herby certify that this information is correct.			
Parent/Guardian Signature	Da	ate	
Student E-mail Address:			
Parent/Guardian Name (print):			
Home Phone:		Cell:	_
Parent/Guardian Name (print):			
Home Phone:	_Work:	Cell:	_
E-mail Address:			
Emergency Contacts These are people who we are authorized to call in case of an emergency when you are unreachable and who are also authorized to pick up your child. Name:Phone: Phone:			
De stade News	Dhara	-	
Doctor's Name:	Pnone	:	
Medical Insurance Company:ID No			
RELEASE OF LIABILITY AND HOLD HARMLESS I authorize my child to participate in the Art camp. I acknowledge the inherent risks that may result from my child's participation in the Art camp. Including falls, fractures, contraction of infectious diseases, burns, misbehavior of other children, etc., all of which may result in injury or death to my child or damage to his/her/our property. I hereby assume these risks, including those caused by negligence of fayezart studio, and release all claims held by me, my spouse and my child arising from my child's attendance and participation in the program and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries caused by or through risks. I further agree to indemnify and hold harmless fayezart studio and its assistants from any injuries, liabilities, claims, damages and expenses, including attorney fees, incurred by fayezart studio, me, my child or on behalf of my child, arising from my child's attendance and participation in the Art camp, with exception of gross negligence or reckless misconduct of fayezart studio.			
If any provision of this agreement is found to be invalid or unenforceable, then the remainder of this agreement will have full force and effect, and the invalid provisions will be modified, or partially enforced, to the maximum extent permitted by law. Any other agreement relating to your child's participation in the class/camp, if any, are superseded and of no force effect.			
I have read all of the above terms and conditions and understand and agree to be bound by them.			
Authorized signature		Date	