

PERMISSION FORM

When registering your family with small hands big art for the first time, please complete and submit this form online and bring a signed copy to the studio on the first day of class. A single one-time form is required per family and covers any sibling listed below, regardless of whether registering now or in the future.

ABOUT YOU:

PARENT/GUARDIAN:

Last Name:

First Name:

Email Address:

Relationship to child(ren):

Address:

City:

Zip:

Daytime Phone:

Evening Phone:

Cell:

Emergency contact person:

Phone:

Name of Caregiver that has consent to drop off and pick up child(ren):

Cell:

ABOUT YOUR CHILDREN:

Please list all children in the family, regardless of whether registering for a class now or in the future.

Child's Name:

Date of Birth:

Allergies and/or medical conditions? Yes No

Describe:

Special needs or other important information:

Temperment: (check all that apply)

Outgoing/Social Shy/Take it Slow Adaptable Cautious High Activity Level

Low Activity Level Short Attention Span Long Attention Span

Child's Name:

Date of Birth:

Allergies and/or medical conditions? Yes No

Describe:

Special needs or other important information:

Temperment: (check all that apply)

Outgoing/Social Shy/Take it Slow Adaptable Cautious High Activity Level

Low Activity Level Short Attention Span Long Attention Span

Child's Name:

Date of Birth:

Allergies and/or medical conditions? Yes No

Describe:

Special needs or other important information:

Temperament: (check all that apply)

Outgoing/Social Shy/Take it Slow Adaptable Cautious High Activity Level
Low Activity Level Short Attention Span Long Attention Span

Child's Name:

Date of Birth:

Allergies and/or medical conditions? Yes No

Describe:

Special needs or other important information:

Temperament: (check all that apply)

Outgoing/Social Shy/Take it Slow Adaptable Cautious High Activity Level
Low Activity Level Short Attention Span Long Attention Span

Child's Name:

Date of Birth:

Allergies and/or medical conditions? Yes No

Describe:

Special needs or other important information:

Temperament: (check all that apply)

Outgoing/Social Shy/Take it Slow Adaptable Cautious High Activity Level
Low Activity Level Short Attention Span Long Attention Span

PERMISSION AUTHORIZATION:

I hereby authorize/consent myself, my child(ren) and/or my child(ren)'s caregiver to participate in *small hands big art* activities, except as noted below:

I grant permission for the staff at *small hands big art* to take any and all necessary steps to obtain emergency medical care for my child(ren), if warranted in their sole discretion, and agree that any expenses associated with any medical care will be my responsibility. In all cases of emergency, the child's welfare will be the primary focus; however, every reasonable attempt will be made to immediately reach the Parent/Guardian or designated caregiver. These steps may include, but are not limited to, the following:

- Administering first aid
- Calling an ambulance or paramedics
- Taking the child to the nearest hospital emergency room in the company of a staff member, in a staff member's vehicle
- Administration of reasonable medical care as determined by medical personnel in their professional judgment, including, but not limited to, surgery and administration of anesthesia

ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION

I hereby acknowledge, agree, and accept the risk of injury inherent in any physical activity or program, including particularly, the activities offered by *small hands big art*. Such risks may include but are not limited to falling, bumping, risks from abrasions, scrapes, cuts, broken, sprained or bruised limbs, injury to eyes, consumption or inhalation of paint or other media, as well as risks from the actions or omissions of others.

As such, I hereby release, discharge, indemnify and hold harmless *small hands big art*, its owners, members, managers, instructors, affiliates, agents, employees, successors and assigns, from any and all injuries, illnesses, medical conditions, medical care, death, damages, claims, liabilities, expenses or judgments, including attorneys' fees and court costs resulting from my, my child(ren)'s, or my child(ren)'s caregiver's participation in a program or presence on *small hands big art* premises, except as such may arise out of *small hands big art* gross negligence.

I expressly agree that *small hands big art* may use photos, video, sound recordings taken of me and my child(ren), for any purpose, including use for publicity. In addition, I agree that *small hands big art* shall have a fully-paid, perpetual license to use photographs, copies or reproductions of any work of art produced in its studio by me or my child(ren).

I hereby release *small hands big art* from any damage or loss to any of my personal property.

I understand and agree to all of the terms of this Permission Form and all questions that I may have had related to this Form have been answered to my satisfaction, and I understand that this constitutes a waiver and release of liability of *small hands big art*. I acknowledge receipt of and agree to the *small hands big art* policies.

INSTRUCTIONS: PLEASE PRINT THIS FORM AND BRING A SIGNED COPY TO THE STUDIO ON THE FIRST DAY OF CLASS.

Signed: _____ Parent Guardian

Print Name:

Date: