

# Cartoon Art Museum Winter Boot Camp 2009

## Release and Policy Form

Please Read Carefully and Sign

The Cartoon Art Museum requires that we have documentation verifying that each child's parents or guardians understand and accept our policies on the following issues. Please read the policies listed and sign your name on the reverse side (or next page) to indicate your understanding of these policies.

- **Special Concerns** - Prior to the time of registration, any behavioral problems or special physical, emotional, psychological, or medical needs, including allergies, should be identified or discussed with the Director of Education, if there are any.
- **Medical Treatment** - The Cartoon Art Museum does not administer any medication to students. However, in the event of an emergency in which the parent or guardian cannot be contacted, emergency medical staff and the Cartoon Art Museum may take appropriate action in the best interest of the child.
- **Photography Waiver** - By signing this form, the parent permits the Cartoon Art Museum to use pictures and video of their child as a program participant in promotional literature published and used by the Cartoon Art Museum, including but not limited to, newsletters, magazines, brochures, and web site pages.
- **Cancellation and Refunds** - I understand that the Cartoon Art Museum requires notice of cancellation (2) weeks prior to the session start date in order to receive a full refund. Between 2 and 1 week(s) prior to the start of the class I understand that I can receive a 50% refund upon notification of cancellation. The Cartoon Art Museum will not refund payments for cancellations received less than (1) week before the session start date.
- **Lost Items** - I understand that the Cartoon Art Museum is not responsible for any personal items lost or stolen at our programs. We recommend writing your child's name on all personal items.

### **Cartoon Art Museum Permission for Medical Treatment:**

I authorize the Cartoon Art Museum to arrange for transportation in case of an accident or acute illness of my child. In the event it is impossible to receive instruction for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as s/he shall think the existing emergency requires for pain relief and/or preservation of my child's life, and/or health and well being. I/we are fully responsible for the cost of any necessary emergency medical treatment for my/our child. The authorization and consent for treatment is given to the Cartoon Art Museum in conjunction with any authorized event.

### **Release and Waiver of Liability and Indemnity Agreement:**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Cartoon Art Museum (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, the undersigned, for himself/herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises, facilities and equipment and that participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts them as being safe and

reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CARTOON ART MUSEUM FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Cartoon Art Museum, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all claims and liability to the undersigned or such children and each of their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such child, whether caused by the negligence of the releasees or otherwise, while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Cartoon Art Museum. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the Cartoon Art Museum premises or in any way observing or using any facilities or equipment of the Cartoon Art Museum or participating in any program affiliated with the Cartoon Art Museum, whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or upon the premises of the Cartoon Art Museum and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Cartoon Art Museum.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, agreements, or inducements apart from the above written agreement have been made.

**I HAVE READ THIS RELEASE AND PROGRAM POLICY FORM. I UNDERSTAND AND AGREE TO THE RELEASE AND POLICIES STATED ABOVE.**

**Parent Signature:** \_\_\_\_\_

**Print Name of Parent:** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_

**Session:** \_\_\_\_\_

**Print Name of Child/Children in Program:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Additional Comments:**

# Cartoon Art Museum Boot Camp Emergency Form

Student's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Who is authorized to pick up this student from class? (Please list all possible people who might pick up and sign out the student from class):**

Do you give permission for this student to sign him or herself in and out from class on their own?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

List any medications that the student is taking or write "none":

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

## Emergency Contact

(Please list an emergency contact person outside your immediate family)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

My/our child has my permission to participate in the activities of the Cartoon Art Museum Cartoon Boot Camp Class. I/we understand that I/we will be responsible for the cost of any emergency medical care that may be necessary for my/our child while s/he is attending class at the Cartoon Art Museum, and hereby consent to such emergency medical care. I/we understand that the Cartoon Art Museum staff or contractors will attempt to contact me/us or the designated emergency contact person as soon as possible in the case of any emergency. I/we give my/our permission to have photographs and video taken of my/our child during class and to use any such photos for promotional purposes.

Signature of Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian #2: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation Policy:

**Full refund for cancellation two weeks before the class start date. 50% refund is available until 1 week prior to the first week of class. No refunds are given within the week prior the start of class or after the class has started.**