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**Art Factory – After school Child Waiver**

**Please submit to info@WinthropArts.org**

**CONTACT INFORMATION:**

Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Cell Phone (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD DETAILS:**

Allergies to food or art supplies? \_\_\_\_\_\_\_

If yes, please list/explain. \_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any information that the Art Factory should know about your child? If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK-UP / DROP-OFF INFO:**

Please list the names of persons authorized to pick-up your child from the Art Factory. Child will not be allowed to leave with any other person without authorization from parent or guardian.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DROP-OFF TIME is between 1:55pm and 4:00pm on Tuesdays through Fridays and between 11:55am and 4:00pm on Mondays (early release days). Please, NO drop-offs earlier than 1:55pm on Tuesdays through Fridays and no earlier than 11:55am on early release Mondays. PICK-UP TIME is at 6:00pm. Please be ON TIME. There will be a charge of $25 after 6:10pm and $20 for every 10 minutes thereafter. If you need to pick-up your child before 6:00pm, please alert the Art Factory in writing (email) in advance. \_\_\_\_\_\_\_ (initial)

Please indicate here whether your child will be present for early release Mondays

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (initial)

Please list below, which school your child attends and their release times.

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Release time Monday \_\_\_\_\_\_\_\_ Release time Tuesday - Friday \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ (initial)

We will have Art Factory workers available to meet children at the local Winthrop Schools upon dismissal and walk them over to the Art Factory. The schools included are Winthrop Charter Elementary School, Winthrop Charter Middle School, Childrens’ Kastle, and Symmes Elementary.

Please indicate here whether your child will need to be escorted over from his/her school.

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (initial)

**USE OF IMAGE:**

Winthrop Arts, Inc. has my permission to use my or my child’s photograph or video recording to publically promote Winthrop Arts, Inc. I understand that the images may be used in print publications, any and all online publications, presentations, websites, video, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by any reason of such use.

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (initial)

**WAIVER OF LIABILITY CONSENT:**

Art studio activities and tools, include but are not limited to paints, glues, pastels, chalk pastels, pencils, wood/plaster tools, fiber (yarn/fabric/papers), wax, plastic bags, batik dye, plaster, drawing and sculpting in nature, hiking, and playing outdoor games. Winthrop Arts, Inc. takes all possible precautions to reduce risk and provide safe, healthy, and enjoyable experiences. I warrant that my child is able to follow directions for all activities in studio class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class knowing these risks and their possible consequences including personal injury.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) on behalf of my minor child, do hereby acknowledge, release, and forever discharge Winthrop Arts, Inc., Winthrop Retail LLC, Landside Investment, LLC, and any of their successors or additional companies or holdings, including all staff, representatives, employees, volunteers, contractors, and associates from any and all demands, claims, actions, causes of actions, suits of any kind or nature that may arise now or in the future as a result of the aforementioned minor’s participation in any and all activities at the Art Factory at Winthrop Arts and/or on Winthrop property.

As a parent or guardian of my child, I agree that I will not hold Winthrop Arts, Inc. of the Art Factory liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless Winthrop Arts, Inc. and all staff and volunteers from all liability incurred as a result of my child’s participation in studio class and that these terms serve as a release for myself, volunteers, property owners and members of my family. I am the parent/guardian of the child, who is under 18 years of age, that I am registering for Art Factory classes.

I have read the entirety of the Art Factory Waiver and have initialed each consent statement and agree to the terms designated in each.

Print Name (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_