

Studio Permission Form & Waiver



theCLAYSTUDIOofMISSOULA

Child's First Name _____ Child's Last Name _____
Age _____ Child's Birthday (MM/DD/YYYY) _____
Parent or Guardian Name _____
Cell Phone _____ Work Phone _____
Email _____

Emergency Contact 1 Name: _____ Phone: _____ Mailing Address: _____ City/State/Zip: _____ Email Address: _____ Emergency Contact 2 Name: _____ Phone: _____ Mailing Address: _____ City/State/Zip: _____ Email Address: _____
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Allergies:

Allergies (food, art supplies, insects, medication, etc.): Yes No

If yes, please explain: _____

Other information The Clay Studio of Missoula should know about your child:

Pick-up:

Name of Persons Authorized to pick-up child from The Clay Studio of Missoula (Child will not be allowed to leave with any other person without written authorization or telephone call from parent or guardian.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Photographs:

The Clay Studio of Missoula is granted permission to use group or individual photo images taken during class/events for publicity or promotional purposes. Yes No

Ability to engage in art activities and assumption of the risk:

Activities at The Clay Studio of Missoula include but are not limited to clay, underglazes, slips, ceramic tiles, plaster, paints, markers, pencils, pencil sharpeners, scissors, glues, wire, fiber (yarn/fabric/papers), and playing outdoor games. The Clay Studio of Missoula 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 class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class/events knowing these risks and their possible consequences including personal injury as well as property damage and/or loss.

Waiver and Release of Liability:

As a parent or guardian of my child, I agree that I will not hold The Clay Studio of Missoula liable for any personal injury, property damage, or loss of insurance. I agree to release and hold The Clay Studio of Missoula from all liability incurred as a result of my child’s participation at The Clay Studio of Missoula and that these terms serve as a release for myself, volunteers, property owners, and members of my family.

Emergency Medical Care:

I know of no health or fitness restriction(s) that precludes their participation. In the event of illness or injury occurring to my child while involved in this activity, I authorize X-ray examination, anesthesia, medical, dental, or surgical diagnostic procedures or treatment and hospital care that is considered necessary in the best judgment of the attending physician and performed by or under the general or special supervision of any physician or surgeon, licensed under the Provision of Medicine Practice Act, or of any dentist under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office/studio, hospital, or elsewhere. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

I hereby release from liability all persons affiliated with The Clay Studio of Missoula who in any fashion have helped in organizing, planning, and/or implementing classes or events for The Clay Studio of Missoula. I understand this activity is voluntary and I desire for the above named minor to participate in it.

Insurance Company: _____ ID #: _____

Additional Notes: _____

I understand that The Clay Studio of Missoula will keep my child’s information on file through January 1, 2021. I confirm that this information will maintain up to date throughout this period. I am the parent/guardian of the child (who is under 18 years of age) who I am registering for The Clay Studio of Missoula classes/events.

Print Name

Parent/Guardian Signature

Date