



Tish's Studio Registration & Waiver Spring 2023

Child's First Name: _____ Last Name _____

Child's Birthday (MM/DD/YY) _____

Parent/Guardian Name: _____

Cell Number: _____ E-MAIL: _____

EMERGENCY CONTACTS

Name: _____ Relationship _____

Phone: _____ Email _____

Name: _____ Relationship _____

Phone: _____ Email _____

Allergies (food, art supplies, insects, medications, etc): YES NO

If yes please list _____

Other Information I should know about your child: (social, emotional, learning difficulties, etc)

Name of Persons Authorized to pick up the child from class. (Child will not be Hello allowed to leave with any other person without written authorization or telephone call from parent or guardian.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Photographs: Tish's Studio (Tish Doyle-Morrow's Studio) is granted permission to use group or individual photograms or photo images taken during class/events for publicity or promotional purposes. YES _____ NO _____

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

Tish's Art Studio (Tish Doyle-Morrow's Studio) activities, including but not limited to paints, sharpies, pencil sharpeners, scissors, glues, pastels, pencils, wood, plaster, ceramics, clay, wire, fibre, wax, plastic bags, and playing outdoor games Tish's Studio (Tish Doyle-Morrow's Studio) 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/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 Tish's Studio (Tish Doyle-Morrow's Studio) liable for any personal injury, property damage, or loss of insurance. I agree to release and hold Tish's Studio from all liability incurred as a result of my child's participation at Tish's Studio (Tish Doyle-Morrow's Studio) 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 his/her participation. In the event of illness or injury occurring to my child while involved in this activity, I authorize ambulance service, first aid and/or medical treatment that is considered necessary in the best judgement of the attending physician or medical practitioner. It is understood that in the event of a serious illness or injury reasonable efforts to reach me will be attempted.

COVID: I will not knowingly send my child to a class if they are ill with Covid or within one week of that time period.

CHILD'S BC SERVICE NUMBER: _____

I confirm that this information will be maintained up to date throughout the class period (to June 8, 2023).

I am the parent/guardian of the child (who is under 18 years of age) that I am registering for art classes.

Print name

parent/guardian signature

date