

Children's ART STUDIO^{INC.}

TDSB Visiting Artist Registration Form

45 Benson Avenue, Toronto ON M6G 4C6
647 808 8590
HST: 827778648RT0001

Name of School: _____

Address of School : _____

School Phone Number: _____ School Email: _____

Teacher of Authority: _____ Teacher of Authority Phone #: _____

How did you hear about Children's Art Studio Inc.? _____

Refund Policy: Schools must pay a \$500 deposit in cash, cheque, or Paypal to book visit. There are NO REFUNDS.

Art Activity Planned: _____

FOR GOOD AND VALUABLE CONSIDERATION RECEIVED:

I/we (above named school) give permission for our students to participate in programs facilitated by the Children's Art Studio Inc./ Lynn Jackson at the above named school.

I/we (above named school) give permission for Children's Art Studio Inc., Lynn Jackson, or staff of Children's Art Studio Inc. to take whatever steps are reasonably necessary to obtain emergency medical care, if required. Any expenses incurred in carrying out these steps will be borne by the school or child's family.

I/we (above named school) give permission for free use of any students name, picture and likeness in pictures, video, publications and other promotional materials, connected with Children's Art Studio Inc.

I/we (above named school) will assign a teacher to chaperone all programming that the Children's Art Studio Inc. facilitate in the school.

Children's Art Studio Inc./Lynn Jackson is not responsible for anything that may happen as a result of false information given on this form.

I/we (above named school) the undersigned irrevocably agree, and do hereby release Children's Art Studio Inc./Lynn Jackson, her heirs, assigns and all associated persons from liability and all claim for damages regarding any incident or injury sustained by any child in a workshop/studio/art event facilitated by the Children's Art Studio Inc.

I/we (above named school) grant permission for their students to participate in these activities and will not make claim against, sue or attach the property of Children's Art Studio Inc. Lynn Jackson in any respect.

Name: _____ Relationship to School _____

Signature of : _____ • (seal) Date: _____