

Children's ART STUDIO^{INC.}

45 Benson Avenue, Toronto ON M6G 4C6

647 808 8590

HST: 827778648RT0001

Visiting Artist Registration Form TDSB, HWDSB, HDSB, DSBN, YRDSB

Name of School: _____

Address of School : _____

School Phone Number: _____ Office Email: _____ Classroom #: _____

Teacher's Name: _____ Teacher's Email: _____ Visit Date: _____

Art Activity Planned: _____

Fee: _____ HST: _____ Total Due/Paid: _____ Date Paid: _____

Payment Policy: To confirm a booking (dates), schools must pay amount due in full on the booking date. No exceptions.

Please make cheque payable to Children's Art Studio Inc. Etransfers may be sent to childrensartstudioinfo@gmail.com

All fees must be paid in full before 9am on the visit date. NO EXCEPTIONS

There are no refunds. Visit dates may be changed depending on availability.

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, 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:

Principal's Name: _____

Principal's Signature: _____ • (seal) Date: _____