

COMPLETE FORM IN FULL. INCOMPLETE FORMS WILL NOT BE ACCEPTED. SUBMIT ORIGINAL FORM. PHOTOGRAPHS OF FORM WILL NOT BE ACCEPTED.

Child's Name: _____ Age : _____ D.O.B.: _____

Parent/Guardian Name: _____

Email: _____ Address: _____

Postal Code: _____ Home Phone: _____ Cell or Work: _____

1 emergency contact _____ Phone: _____

2 emergency contact _____ Phone: _____

Program: _____ Location: _____ Start Date: _____ End date: _____

Method of payment: cash ___ cheque ___ e-transfer ___ How did you hear about us? _____

Does your child have any allergies or medical concerns? _____

Does your child have any behavioural concerns? _____

If yes please explain: _____

Did you submit a Health Release Form? Yes ___ No ___ Office Use Only _____

Note: "Any and all fees paid are totally non-refundable and non-transferrable in the event of absence of the child under any and all circumstances. Epi-pens must be worn at all times. Nuts, seeds and fish are prohibited from our programs. Parents are required to read our bully free policy before the program start date. Program information will be emailed to you and we will add your email to our mailing list. You will have the option to unsubscribe".

Parental / Guardian Permission, Waiver and Release

FOR GOOD AND VALUABLE CONSIDERATION RECEIVED:

I/we give permission for my child to participate in programs facilitated by the Children's Art Studio Inc. / Staff / Lynn Jackson at above listed camp location.

I/we give permission for my child to be accompanied by Children's Art Studio Inc.'s staff to the bathroom that is located in the main building of the Artscape Wychwood Barns.

"I/we give permission for my child to play in Wychwood Barns Park, being the park that is directly outside the studio doors of Children's Art Studio Inc. / Lynn Jackson's studio at Artscape Wychwood Barns, including the playground, sandbox, splash pad, greenspace, and sidewalks of the park. I/we acknowledge that Wychwood Barns Park is a public space and that the park can be used by persons that are not affiliated with Children's Art Studio while my child is in the park.

I/we acknowledge that Children's Art Studio / Lynn Jackson's studio encourages all children and staff to stay two meters apart, but that this may not always be possible."

I/we 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 child's family.

I/we give permission for free use of my child's name, picture and likeness in pictures, video, publications and other promotional materials, connected with Children's Art Studio Inc.

Your child WILL NOT be permitted to be picked up by anyone else, other than a parent, without written consent as well as telephone confirmation with Children's Art Studio Inc./Lynn Jackson.

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 the undersigned agree, and do hereby irrevocably 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 my child in yoga / workshop / studio / art and playground related activities.

I grant permission for my child 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.

Legal Guardian: _____ Relationship to child: _____

Signature: _____ • (seal) Date: _____