



Waiver of Liability and Release of All Claims

Mandatory per student

As parent and/or guardian of _____, I am authorized to execute this waiver of liability as to the Art Academy at Art-Kitect on behalf of my minor child and myself. As a condition of participating in a Art Academy at Art-Kitect, Inc (“Art-Kitect Inc.”) program, I understand that I must agree to waive any legal liability claims against Art-Kitect Inc.. I understand that Art-Kitect Inc. will try to ensure that its programs are safe and enjoyable for its participants, but I also understand that accidents may happen. I fully waive and release Art-Kitect Inc. and all of its members, employees, and agents from any and all claims and causes of action existing now or in the future as a result of my child’s participation in activities with Art-Kitect Inc.. I agree not to sue Art-Kitect Inc. and its members, employees and agents as a result of any claim, injury or event that may occur as a result of participation in activities with Art-Kitect Inc.. I agree to indemnify Art-Kitect Inc. and its members, employees, and agents against all claims, damages, and attorney’s fees relating to my child’s participation in Art-Kitect Inc. activities.

EMERGENCIES

If your child requires any medicine on site (including an EpiPen or Benadryl) you must provide said product to Art-Kitect Inc.. I understand that participation in camp activities involves some inherent risks and danger of accidents resulting in physical injury. Knowing these risks, I hereby assume these risks on behalf of my minor child. In addition, I hereby authorize the staff of The Art Academy at Art-Kitect to use their best judgment in any emergency situation and release Art-Kitect Inc. from liability resulting from injury sustained, including death, as a result of participation in the camp.

MEDIA RELEASE

I also acknowledge that Art-Kitect Inc. may periodically photograph or video its participants and their artwork and I grant my full permission for Art-Kitect Inc. to photograph, video, record, or reproduce images of my child and their artwork. I consent to Art-Kitect Inc.’s use of these recordings and agree to relinquish any claims to royalties or damages.

ALLERGIES

I acknowledge and understand that Art-Kitect Inc. has a NO nut product requirement for all Participants and their families. This means that I promise not to provide my child with any food items containing nuts, nut by-products, or made in contact with nuts for consumption at Art-Kitect Inc. or on any Art-Kitect Inc. function. I understand that many children have peanut and other nut allergies and that sending my child with nut-containing products may cause allergic reactions in other participants. If my child has a nut allergy, I understand that it is impossible to eliminate all nut contact. I hereby waive any and all claims against Art-Kitect Inc. for any exposure, intentional and/or negligent, my child may encounter to nut, nut by-product, or product made in contact with nuts.



OFFSITE TRIPS AND OUTINGS RELEASE

I understand that Art-Kitect Inc. and Staff Members may take participants offsite to other facilities and Toronto City Park grounds. I grant my permission for Art-Kitect Inc. to take my child to these parks and spaces for recreation.

I have read and fully understand this Waiver of Liability and Release of All Claims, and agree that this Waiver of Liability and Release of All Claims shall be binding upon the undersigned and the respective heirs, legal representatives and assigns of the undersigned, and shall be for the benefit of Art-Kitect Inc., the released and indemnified parties described above and their respective heirs, successors, legal representatives and assigns. The release, covenant not to sue, and assumption of risk in this document shall be as broad and inclusive as is permitted under applicable law. I am the custodial parent or legal guardian of my child and I hereby consent to his or her participation. I have read this agreement, understand its terms, and agree on behalf of myself, my child, and anyone who may act on behalf of my child in the future.

EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION

I, _____, of _____
_____ [address], give my consent, after all reasonable attempts to contact me at my given telephone number and my partners have been unsuccessful, for: (1) The administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for surgery are obtained in writing prior to the surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical history:

1. Drug Allergies:

2. Medication: _____

3. Physical Impairments: _____

4. Any Other Known Health Problems (not listed in other documents): _____

5. Religious Restrictions regarding what can be done for your child in emergencies/health care situations: _____

6. _____

7. Any physical activities in which the camper should not participate: _____



THE ART
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AT ART - KITECT

8. Food Allergies: _____

Art Academy at Art-Kitect will maintain this medical information sheet at its regular place of business and will return this form to the child's parent or guardian upon request at the termination of the child's participation in The Art Academy at Art-Kitect activities.

1. Child's Name: _____

2. Your Signature: _____

3. Your Printed Name: _____

4. Relationship to Child: _____