

Permission Slip

Student's Last Name (please print) _____

Please complete this form and return it to The Delaplaine Visual Arts Education Center before the class starts. We MUST have a copy of this form on file for every student under the age of 18. Children will not be allowed to participate in class until this form has been completed.

Student's Full Name (please print) _____

Student's birth date (DD/MM/YY) _____

Authorized person/s to pick-up child (please print) _____

Parent/Guardian Name (please print) _____

IN THE EVENT OF AN EMERGENCY I may be reached at the following number _____

If I cannot be reached, please contact _____

Relationship _____ Phone _____

This person has my express consent to answer any and all questions regarding the welfare of my child. If neither myself nor the emergency contact listed above can be reached, I authorize the staff of The Delaplaine Visual Arts Education Center to take whatever steps necessary, including hospitalization, to ensure the welfare of my child. *The Center's staff is not authorized to dispense medications under any circumstances.*

Please list any information about your child that of which you feel is important for the staff to be aware. Include medications, food allergies, environmental allergies, and medical conditions:

The undersigned does hereby release, forever discharge and agree to hold harmless The Delaplaine Visual Arts Education Center, its board, staff, and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in Delaplaine activities. The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required. In the event or the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said The Delaplaine Visual Arts Education Center, its board, staff and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to help or to administer medical care on behalf of the participant.

The Delaplaine captures photos and videos during classes, events, and programs. Images may be used online or in print to promote the Delaplaine Arts Center and its mission. If you do NOT wish to appear in Delaplaine photos or videos, please notify Delaplaine staff or email your request to info@delaplaine.org

Signature _____ Date _____