ARTSCAPE! 2010 Acknowledgement of Risk and Waiver of Liability

Child's Full Name: _____

Parent(s) Name: _____ **Contact Phone:** _____

Email Address: _____

Read this carefully and in its entirety. It is a binding legal document. Sign and return this form to ARTSCAPE!. This form must be signed by the parent or legal guardian.

I, the undersigned parent/guardian, am aware that participation in the activity ("ARTSCAPE!") may be dangerous. I acknowledge and accept all risks, which I understand include bodily injury and death. I understand that activities and their associated risks include but are not limited to the following: minor or serious injury associated with contact with art supplies, park playground equipment, outdoor park play, etc.

In consideration of ARTSCAPE! permitting me/my dependent to participate in the Activity, I hereby voluntarily consent to and accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release ARTSCAPE!, their agents and employees ("Releasees") from any and all liability, claims, causes of action or demands of any kind and nature whatsoever, including attorneys fees incurred by Releasees that may arise from Releasees' negligent conduct in connection with my participation in activities related to the Activity. I understand I am responsible for all medical expenses and/ or property losses.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby certify that I/my child am in good health and I know of no medical reason why I/my child am not able to participate in the Activity. I have informed the Activity contact of any physical or medical condition that might expose me to an unusual risk of harm. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries that I/my child may sustain while participating in the Activity. I accept and will abide by the behavioral expectations of the Activity, and the policies and procedures of ARTSCAPE!

Note: A parent/legal guardian must sign and accept responsibility for each participant's actions and terms of the above agreement.

Parent/Guardian's Name: _____

Signature: _____ **Date:** _____