

## Eureka Valley Arts Medical Release

I authorize appropriate personnel to secure for the services of emergency transportation, a physician, and/or a hospital in the event of accident or illness. I will be responsible for payment of all services. The consent for treatment is in effect only during the actual program hours and dates that the above named child is participating in Eureka Valley Arts classes/events.

In the case of an emergency and a parent cannot be reached, Eureka Valley Arts should contact:

I, the parent or guardian of the registered participant, agrees to the terms of the Medical Release to the full extent of the law. \* By checking this box, you agree to the terms listed above.

I Agree to the Medical Release terms above

### Release & Indemnification

I agree to release, waive, discharge, indemnify, and save and hold harmless Eureka Valley Arts, its directors, officers, employees, and agents from any loss, liability, damage, or cost they may incur due to me or my child (ren)'s presence in, upon, or about Eureka Valley Arts premises or in any way observing or using any facilities or equipment of Eureka Valley Arts, either during or outside assigned studio hours, whether cause by the negligence of Eureka Valley Arts or otherwise. I accept there are potential risks and dangers inherently associated with art activities including but not limited to: sharp tools, metal tools such as those used for pottery, chemicals such as those in paints, hot glue guns, ingredients in materials that may be harmful if ingested in large quantities, and more. I accept full responsibility for any losses or damages to myself or my child (ren) however caused or alleged to be caused. I accept Eureka Valley Arts does not offer refunds unless class is canceled by Eureka Valley Arts.

I Agree To the Terms and Conditions above

### Image Use

Authorization from time to time, kids may be photographed while in our sessions. If you are opposed to having family members appear in public photos, instructional materials, on our website or other promotional or marketing materials, please let us know. All photos are property of Eureka Valley Arts, Sole Proprietor.

Yes, Eureka Valley Arts has permission to use images of my child

No, Please do not use images of my child

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## Emergency and Identification Information

### I. Family Information

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address & Zip \_\_\_\_\_ Birth date \_\_\_\_\_

### Parent / Guardian

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

(Cell / Pager) \_\_\_\_\_ (Cell / Pager) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address & Zip \_\_\_\_\_ Address & Zip \_\_\_\_\_

### II. Names of Persons authorized to take child from the facility

*This child will not be allowed to leave with any person whose name is not on this card*

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

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### III. Physicians to be called in emergency

Name \_\_\_\_\_ Telephone \_\_ (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

If Physician cannot be reached, what action should I take? \_\_\_\_\_

### IV. Medical Insurance \_\_\_\_\_

Insurance Number \_\_\_\_\_ Medi-Cal Insurance \_\_\_\_\_

### V. Allergies or other medical limitation \_\_\_\_\_

**VI. Permission for Medical Treatment.** As the parent or authorized representative, I give consent to Eureka Valley Arts to obtain all emergency or dental care prescribed by a licensed physician (MD) or dentist (DDS). This care may be given under whatever conditions are necessary for the safety and well being of my child.

Signature \_\_\_\_\_

Date \_\_\_\_\_