



Liability Waiver

I, release and hold harmless the Artist Alliance, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Kidz Art Kamp program, including but not limited to, accidents, acts of God, war, civil unrest, sickness, terrorism, transportation, scheduling, government restrictions or regulations and any and all expenses I may incur while participating in the program. I understand this agreement cannot be modified except in writing by the school and that no oral modification or interpretation shall be valid.

I give permission to take pictures of my child in classes for publicity in the newspapers, website or on brochures for next year.

φ Please check this box if you would like Artists' Alliance teaching staff to notify you of other upcoming learning opportunities. Also, please indicate below the method by which you prefer to be contacted.

Email _____

Telephone _____

I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver.

Signature of Parents

Date

Name (Please Print)

Child's Name

Signed and witness on behalf of Artists' Alliance by _____