



Children's Studio

LAST NAME _____

10944 W. Pico Blvd, WLA 90064 (310) 889-8598
1102 Aviation Blvd, Hermosa Beach, 90254 (310) 318-6011

❖ PARTIES ❖ CLASSES ❖ FUN ART ❖ CLASSES ❖ PARTIES ❖ FUN ART ❖ PARTIES ❖ CLASSES ❖

Release of Liability and Photo Release

Participant Name _____ Age _____ Birthdate _____

Address _____ City/Zip _____

IN CASE OF EMERGENCY ILLNESS, INJURY NOTIFY THE FOLLOWING CONTACTS

Moms Name _____ Phone (Cell/Work/Home) _____

Dad's Name: _____ Phone (Cell/Work/Home) _____

Caregiver Name _____ Phone (Cell/Work/Home) _____

Other Emergency Contact: _____ Relationship _____ Phone _____

Doctor Name: _____ City: _____ Phone: _____

I hereby certify that the minor listed above is in my legal custody and has my permission to participate in the courses conducted by the ART ZONE. I further certify that the participant is in good health and has no physical or other impairment which would endanger the participant when engaging in such program.

I absolve and hold harmless the ART ZONE, its employees, officers or agents from any liability which may result from participation in courses conducted by the ART ZONE. I understand that The ART ZONE has no obligation to supervise my child at the close of the above activity, and I release the ART ZONE, its officers, employees, and agent from any liability resulting from any lack of supervision of my child at the close of the activity.

PHOTO RELEASE: Participants involved in the ART ZONE programs may be photographed and such photograph may be used to publicize ART ZONE programs/activities.

Parent or Guardian Signature _____ **Date** _____

Allergies (if none, so state) _____

Food Restrictions _____

Circle: Diabetes, Convulsions, Bleeder, Heart Condition, Other _____

List any other condition which should be known by physician administering treatment:

Class: _____ Start Date: _____