

ART STUDIO ON THE BOULEVARD

2022 MINI WINTER ART CAMP

Child #1	Date of Birth	Current GRADE	Allergies*	Friend
Child #2	Date of Birth	Current GRADE	Allergies*	Friend
Child #3	Date of Birth	Current GRADE	Allergies*	Friend
Child #4	Date of Birth	Current GRADE	Allergies*	Friend

Parent(s)/Legal Guardian(s) Name(s) _____

Address _____

City, State, Zip Code _____

Home/Cell # Add'l Cell # Work #

Email Address (Please print CLEARLY) _____

Additional Emergency Contact Name & Phone Number

DO NOT LEAVE BLANK; must be another person other than parent/guardian listed above

Relationship to Child/ren _____

Insurance Provider _____

Policy/Group/ID _____

Name of Insured _____

***Allergies:** Please include any food, drug, or environmental allergies or list as NKA (no known allergies).

DO NOT LEAVE BLANK! You may attach any health related concerns on a separate page if more explanation is needed.

2022 Mini Winter Arts Camp

- **3 classes per day**
- **Monday through Friday**
- **December 26 - 30**
- **9:00 am to 12:00 noon**
- **Cost: \$225 per child**
- **Small snack served**
- **Check-in beginning at 8:45 am**
- **Children must be picked up by 12:15 pm daily**

<input type="checkbox"/> I have enclosed a personal check, money order, or cashier's check
<input type="checkbox"/> Please send me a PayPal invoice for payment
<input type="checkbox"/> Please call me for my credit card information
<input type="checkbox"/> I will pay in exact cash (which must be handed to Camp Admin. only)

Please read the next page carefully!
Be sure to initial, sign, date, and include with your registration

Art Studio on the Boulevard 1703 Heights Blvd. Houston, TX 77008
713-863-8988 mhacamp@yahoo.com

Art Studio on the Boulevard and Mad Hatter Arts Camp Liability Waiver and Talent Release for CHILDREN

Please read this document carefully. Initial the middle, and sign and date the bottom of this document.

This signed page must be included with your registration form for your child/ren to be considered for admittance into our class, camp, and/or program

Print Name(s) of Child/ren _____

I, the undersigned, signing as a legal guardian of said child/ren, wish for my Child/ren (listed above; hereafter "Child/ren") to participate in the above referenced class, camp, and/or program (hereafter "Program") on the date(s) and location I have indicated on the attached registration form, in consideration for my Child/ren's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child/ren's participation in the Program there are dangers, hazards and inherent risks to which my Child/ren may be exposed, including the risk of serious physical injury, illness, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to allow my Child/ren to take part in the Program.

I acknowledge, understand, and appreciate that, as part of my Child/ren's participation in the Program, they may be exposed to communicable diseases including, but not limited to, Covid-19. I am aware that all participants and staff will be required to help keep the Program environment as safe as possible by using the Centers for Disease Control and Prevention (CDC) Covid-19 Guidelines, including checking of temperatures, wearing of face masks, frequent hand washing, use of hand sanitizers, social distancing where possible, and the use of disinfecting agents. I am aware of the risks involved and have carefully considered the health of my Child/ren and that of the members of my household and choose to enroll my Child/ren in Program. I understand that my Child/ren will come in contact with many other children and adults each day. I understand that I am required to immediately notify the Program Administrator if my Child/ren become(s) symptomatic of any illness, or has/have come in contact with a Covid-19 positive person. I understand that my Child/ren may have to quarantine, which may mean missing some or all of the program, with no ability to make classes or projects, and forfeiture of any claim for a refund of my payments. If my Child/ren and/or family travels, we will follow CDC guidelines concerning quarantine and testing prior to attending the Program.

I, on behalf of my Child/ren, hereby understand and acknowledge that my failure to disclose relevant information may result in harm to my Child/ren and/or others during this Program. By signing my name, I represent and warrant that my Child/ren's mental, physical or medical condition enables him/her/them to participate in the Program without any special accommodation. I, on behalf of my Child/ren, understand that the Program recommends a consult with a physician prior to allowing my Child/ren to participate in this Program and, if I am uncertain about any pre-existing medical condition it is my responsibility to consult with my Child/ren's physician prior to my Child/ren participating in this Program.

I, on behalf of my Child/ren, hereby release Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and all other directors, employees and agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child/ren or loss that my Child/ren may suffer while training, preparing, participating and/or traveling to or from the Program. This agreement is binding on my heirs and assigns.

I, on behalf of my Child/ren, furthermore release, indemnify and hold harmless Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and all other directors, employees and agents from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child/ren may suffer, for which my Child/ren may be liable to any other person, that may or does arise out of my Child/ren's participation in the Program. I understand that Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student Leaders, Camp Staff, and all other directors, employees and agents accept no responsibility for my Child/ren's personal property.

I, on behalf of my Child/ren, hereby authorize representatives of the Program to obtain emergency medical treatment for my Child/ren on my behalf. I hereby hold Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student Counselors, Camp Staff, and all other directors, employees, and agents harmless and agree to indemnify from any claims, debts, expenses, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for all expenses, including medical expenses that may derive from any injuries to my Child/ren that may occur during his/her/their participation in the Program.

By initialing the appropriate box below I, on behalf of my Child/ren, agree or disagree to give Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp permission to use the electronic image of my Child/ren on the Camp's website or in the Program's publications and/or social media and I agree to indemnify and hold harmless Jonathan Smulian, Art Studio on the Boulevard, and Mad Hatter Arts Camp, Administration, Faculty, Staff, Student counselors, Camp Staff, and all other directors, employees and agents from any and all liability as to any right of action that may accrue to my heirs or assigns as a result of the Program using my Child/ren's image.

Re: Electronic Images: Do you agree to the terms above? (initial) Agree _____ Disagree _____

This RELEASE shall be governed by and construed under the laws of Texas. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss because of my Child/ren's participation in any part of the Program, shall be brought only in Harris County, Texas.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child/ren but also the successors, heirs, representatives, administrators, and assigns of my Child/ren and myself.

By signing your full name below, you certify that you have read and agree to the above information.

Signature _____

Printed Name _____

Date _____