

Bereskin Academy/STEAM LAB Registration, Waivers, Health and Release Form

Please complete both sides.

Student Information

First and Last Name _____

Date of Birth: _____ Age: _____ Grade in Fall 2019 _____

Class Registering for (Number & Name): _____

Contact Information

Parent/Guardian (1): _____

Street address: _____

City/state/zip: _____ Home phone: _____

Work phone: _____ Cell phone: _____ Email: _____

Parent/Guardian (2): _____

Street address: _____

City/state/zip: _____ Home phone: _____

Work phone: _____ Cell phone: _____ Email: _____

Emergency Contact Information In addition to Parent/Guardian(s) listed above.

First & last name: _____ Relationship to child: _____

Primary phone #: _____ Secondary phone #: _____ Studio 2 Ceramics: _____

These contacts are also authorized to pick up my child in case of emergency:

Parent/Guardian signature: _____

Print (full) name: _____ Date: _____

Health and Medical Information

Please list all allergies: _____

Does your child carry an epipen or similar? y/n

Does your child carry an inhaler? y/n

Is your child a diabetic? y/n

Does your child have food allergies or dietary restrictions? y/n

Please list/explain dietary needs/allergies: _____

Please list other immediate healthcare needs that your child will bring with or that we should be made aware of:

Pediatrician or clinic name: _____ Phone #: _____

Preferred hospital in case of emergency: _____

Insurance company: _____ Policy number: _____

Emergency Treatment Permission

In case of emergency and in the event that none of the emergency contacts can be reached, Bereskin Fine Art, LLC will need signed authorization (below) to seek medical assistance for your child. I give permission to Bereskin Fine Art, LLC, its employees and designated representatives, to use whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary by them for the care and protection of my child while under supervision of Bereskin Fine Art, LLC. In case of medical emergency, I understand that my child will be transported to appropriate medical facilities by a local emergency unit for treatment if the local emergency resource (police or paramedics) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/ or other emergency contacts acting on the parents' behalf. I hereby give my consent to Bereskin Fine Art, LLC to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Bereskin Fine Art, LLC will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian signature: _____

Print (full) name: _____ Date: _____

Liability Release and Parental Consent

I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant. I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge in advance Bereskin Fine Art, LLC, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I agree to indemnify, defend and hold harmless Bereskin Fine Art, LLC and its agents, volunteers and employees from any and all claims arising out of the participant's acts in any program or activity at Bereskin Fine Art, LLC, even if such claim arises from a negligent act or omission of Bereskin Fine Art, LLC or its agents, volunteers and employees.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Parent/Guardian signature: _____
Print (full) name: _____ Date: _____

Bereskin Fine Art, LLC Media Release

I _____ hereby authorize the Bereskin Fine Art, LLC to film, photograph and publish likeness taken of the undersigned minor children, and our names, for use on the website, social media and print materials. I release Studio 2 Ceramics from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Bereskin Fine Art, LLC to use their likeness. I acknowledge that since participation in publications and websites produced by Bereskin Fine Art, LLC, is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Bereskin Fine Art, LLC confers no rights of ownership whatsoever. I release the Bereskin Fine Art, LLC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Guardian signature: _____
Print (full) name: _____ Date: _____
Street address: _____ City, State, Zip: _____
Names and age of minor child: name: _____ Age: _____

Internet Web Page Permission Slip

I give my permission for my child's: photo ____ art work ____

To be included on Bereskin Fine Art, LLC web sites. I understand that this document is located on the World Wide Web and can be seen throughout the world by people with access to the Internet. For security reasons, only my child's code will be used.

Parent/Guardian signature: _____
Print (full) name: _____ Date: _____

Withdrawal Policy

I understand if a student is ill or a family has a trip planned I will contact Mrs. Beréskin and let her know ahead. I understand that I will be charged for the absence(s). I agree that art involves a commitment. If my student wishes to discontinue taking lessons, I will provide notice. In the case of dismissal due to a child's behavior, I will give the child and parents notice that improvement is needed and work with the family before termination.

Parent/Guardian signature: _____
Print (full) name: _____ Date: _____