

Art Expressions After-School Program

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian's Name: _____

Mailing Address: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Email: _____

Does your child suffer from any **allergies** or **medical conditions**? If yes, please describe diagnosis and any symptoms that occur:

****Note:** Our staff/volunteers are not able to administer any medication. Please make sure that your child has already taken any necessary medication before arrival, or he/she must be able to self-administer medication if they bring it (ie. Epi-pen, etc.).

Emergency Contact #1: (If there's an emergency, this is who we will call first.)

Name: _____ Best phone number: _____

Relationship to child: _____

Emergency Contact #2: (This is who we'll call next, if we can't reach Emergency Contact #1.)

Name: _____ Best phone number: _____

Relationship to child: _____

PARENTAL CONSENT

- a) I agree to let my child to take part in the activities of the program, including painting and making art projects.
 - b) I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.
 - c) I understand that staff and volunteers cannot administer any medication to my child, and that my child will take any necessary medications prior to coming each day.
- I agree to pick up my child promptly at 5pm daily.**

Parent/ Guardian Signature: _____ Date: _____

MINOR LIABILITY WAIVER

Please read the following information very carefully and make sure that you fully understand it before allowing your child to participate in this after-school program:

I (parent's name) _____, am fully aware that participation in the Art Expressions After-School Program may result in risk of personal injury or harm to my child, ranging from minor to severe. Although serious injuries are not common in supervised art programs, I understand that it is impossible to eliminate all risk.

I understand that my child's participation in the Art Expressions After-School Program is voluntary and that my child and I are free to choose not to participate. I consent to my child's participation in this program and in any of the approved art activities listed in the lesson plan.

I understand and agree to release and hold harmless Sacred Messengers, Inc. DBA Transform Yakima Together, Vineyard Christian Fellowship (the program's location), and their officers, employees, volunteers, committees, and boards from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for personal injury and/or property damage, to the extent permissible by law. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

In the event of an emergency illness or injury, I hereby give permission to Sacred Messengers, Inc. DBA Transform Yakima Together to take whatever action considered appropriate under the circumstances to keep my child safe and healthy, and I authorize them to obtain emergency transportation and/or treatment if necessary. I hereby accept responsibility for the payment of any emergency transportation and/or treatment provided.

I certify that my child has no medical or physical conditions that would restrict his/her participation in this activity or program. I have made arrangements to secure timely pickup and transportation of my child at the conclusion of each scheduled program event, meeting, or class.

By signing this Minor Liability Waiver, I acknowledge that I have read and understood this document and accept the risk and responsibility of participation in this program.

Parent/ Guardian Signature: _____ Date: _____

Child's Name: _____

PHOTO, VIDEO & SOCIAL MEDIA RELEASE

I (parent's name) _____ hereby give permission for photographs and/or videotape of my child taken during the Art Expressions After-School Program to be used solely for the purposes of Transform Yakima Together publicity, promotional materials, and publication - including use on social media platforms, public presentations, and/or media coverage (ie. newspaper, internet). I do this with full knowledge and waive all claims for compensation for use or for damages.

Parent/ Guardian Signature: _____ Date: _____

Child's Name: _____