



Name of Participant (Age) _____ () Date of Birth ___/___/_____

Liability Release

Name of Participant/Guardian/Conservator _____

I acknowledge the risks and potential risks associated with the active participation involving Kauai Art Academy's "Art Camp", "Art Classes", and or "Events". I, the undersigned, understand that the participation involving my son/daughter/ward in any of the aforementioned programs is within my sole discretion, and I hereby waive my right to pursue damages from Kauai Art Academy, it's owners, board of directors, Instructors, Therapists, Aids, Volunteers, Employees, or it's duly appointed representatives in the event of an accident, or improper care. Knowing the potential risk to persons, and damage to personal property, I expressly chose to assume these risks. I feel the possible benefits to me/my son // my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, my successors, representatives and assigns, executors or administrators, I hereby waive and release forever all claims and causes of action for loss or damages of any kind against Kauai Art Academy, it's owners, board of directors, Instructors, Therapists, Aids, Volunteers, and Employees for any injuries and losses that I/my son// my daughter/my ward may sustain while participating in Kauai Art Academy program. This release includes without limitation the risk of negligent instruction, injury on the playground, injury caused by another enrollee, illness from any Art supplies, injury as a result of improper instruction with respect to Art instruments, along with negligent supervision. I engage with consent to the activities deemed appropriate by Kauai Art Academy voluntarily with knowledge of the risks, and I assume all risk of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Kauai Art Academy, and any property owners, (Private or Public) are relying on this waiver and my assumption of risk in allowing me/myson// my daughter/my ward to participate in any or all activities instructed by Kauai Art Academy. This acknowledgment should serve a dual purpose for this current event, and future enrollments to any event sponsored on behalf of Kauai Art Academy for the child outlined in this consent agreement. This acknowledgment and agreement will be binding in perpetuity.

DATE ___/___/_____

Signature _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Kauai Art Academy is confidential and not to be shared with anyone without expressed written consent of the participant (parent or guardian in the case of a minor)

DATE ___/___/_____

Signature _____

Photo and Video Release

I consent to and authorize, the use and reproduction by Kauai Art Academy of any any audio/visual material taken of me/my son//my daughter//my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of of the program without equitable distribution in the presence of any proceeds.

DATE ___/___/_____

Signature _____

Medical and Allergy Disclosure: In the presence of any special medical conditions or severe allergies please initial and list all relevant information on the back of this form. Intials _____