

BRAVO School Of Art

Emergency Contact Information & Waiver

Please complete these two pages for each child.

Student's Name Age:

Parent/Guardian Name #1

Parent/Guardian Name #2

Phone Numbers to Contact in Case of Emergency - List in order you wish us to contact you

First: Second:

Third (if necessary):

Alternative Contact

Phone Number to Reach Alternative Contact

Student's Physician Name & Number

List All Known Allergies

Is there anything else, health related or not, that you would like us to know about your child? Any special needs, accommodations, severe allergic reactions, medical conditions, or any other information you feel will help us create the best possible environment for your child?

We may take photos during the course. Please check if you give your consent:

- Permission to photograph and to include photos on website/blog/flyers
 Do not photograph my child

Please mail, email or deliver this form to:

Bravo School of Art • 2963 Beech Street • San Diego, CA 92102 • SOUTH PARK

email: [makeArt at BravoSchoolOfArt.com](mailto:makeArt@BravoSchoolOfArt.com)

www.BravoSchoolOfArt.com

Please tell us how you heard about us:

BRAVO School Of Art

2963 Beech Street • SOUTH PARK • San Diego, CA 92102 • 619-223-0058

Participant Liability Waiver and Hold Harmless Agreement

PART II – CONSENT TO TREATMENT OF MINOR

The undersigned, as a parent or legal guardian of _____ hereby authorizes Bravo School of Art and its staff to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Bravo School of Art will endeavor to communicate with the undersigned prior to such treatment. In the event of any emergency, I authorize Bravo School of Art and its staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Parent or Guardian Full Name & Relationship to Student

Signature	Date
-----------	------

PART III – PARTICIPATION CONSENT AND WAIVER

As a parent or legal guardian of a student under 18 years of age, I agree to notify Bravo School of Art of any and all special needs, accommodations, severe reactions or allergies, or medical conditions that may impact my child during the class to help ensure the safety of the students. I understand and certify that my child's participation in any workshop, class, field trip or program is completely voluntary. There are certain hazards and dangers, which are inherent in creating art. Our instructors provide supplies low in toxins and instructions for their safe use (cutting with scissors, gluing, painting, carving, washing arty hands before eating, etc).

Bravo School of Art will take every precaution to ensure the safety of all participants and staff. I agree to fully release Bravo School of Art and its instructors from any and all claims from injuries, damages, or loss, which may be sustained as a result of my child's voluntary participation in a Bravo School of Art class.

I further agree to indemnify, hold harmless and defend Bravo School of Art and its instructors from any and all claims from injuries, damages, and losses sustained by me, or my minor child and arising out of, connected with, or in any way associated with the activities of Bravo School of Art.

I hereby give my full consent for my child to participate in the art class at Bravo School of Art.

Parent or Guardian Full Name & Relationship to Student

Signature	Date
-----------	------