



# Developing, Supporting & Promoting the Arts

147 N. Rural Street Hartford, WI 53027 P: 262-670-0560 F: 262-670-0937 SchauerCenter.ORG

## WAIVER FORM : JUNE 1, 2019 TO MAY 31, 2020

One form per student. Students under 18 years old : Form **MUST** be filled out and signed by a parent or guardian.

Student's Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ Zip Code : \_\_\_\_\_

E-mail : \_\_\_\_\_ Primary Phone LAND / CELL : \_\_\_\_\_

Alternate Phone LAND / CELL / WORK : \_\_\_\_\_

EMERGENCY CONTACT Name & Phone : \_\_\_\_\_

Family Physician & Phone Number : \_\_\_\_\_

Regular Medications : \_\_\_\_\_

Allergies : \_\_\_\_\_

Additional Needs to Note (Medical or Otherwise) : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Release and Waiver

The Undersigned acknowledges that the Schauer Arts and Activities Center, Inc. will provide facilities and/or equipment for the conduct of the above activity. The Undersigned further acknowledges the participation in the activity could result in injury and/or damage to property and expressly assumes the risk of such and/or damage.

In consideration of the Schauer Arts and Activities Center providing facilities, equipment, organization and supervision of the activity, the Undersigned agree(s) and covenant(s) and do(es) hereby release, waive, indemnify and hold harmless the Schauer Arts and Activities Center, Inc and all of its employees, agents, and appointed organizers, sponsors, and supervisors from and against any and all claims arising by reason of any damage, loss or injury either to person or property or both, resulting or in result, known or unknown, in connection with participation in the activity and/or other related activities incidental thereto. The Undersigned further acknowledge(s) and agree(s) to be responsible for any and all property damage to or loss of Schauer Arts and Activities Center, Inc. facilities or equipment attributable to the intentional misconduct or negligence of the participant.

**Photo/Publicity Release :** I agree to allow photographs to be taken of me by the Schauer Arts Center's designated photographers to be used in publicity, including display boards, booklets, press releases, social media, and brochures.

**Drop Off Policy :** I understand that it is the explicit policy of the Schauer Center that all children under the age of 12 be dropped off & picked up by a guardian at their assigned studio/classroom (or adjacent waiting area) & will abide by this rule.

**The Undersigned hereby authorizes the Schauer Arts & Activities Center, Inc or their appointed representative to sign for care in the event emergency contacts cannot be reached.**

**The Undersigned acknowledges that this release & waiver has been completely read and fully understood before signed.**

Parent/Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Printed Parent/Guardian Name : \_\_\_\_\_