



LAST NAME \_\_\_\_\_

11750 W. Pico Blvd, Los Angeles, CA 90064  
(310)889-8598

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### Release of Liability and Photo Release

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Email: \_\_\_\_\_

#### IN CASE OF EMERGENCY ILLNESS, INJURY NOTIFY THE FOLLOWING CONTACTS

Parent's Name \_\_\_\_\_ Phone (Cell/Work/Home) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone (Cell/Work/Home) \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Phone (Cell/Work/Home) \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the minor(s) listed above is in my legal custody and has my permission to participate in the courses conducted by ART ZONE WEST LA. I further certify that the participant(s) is in good health and has no physical or other impairment which would endanger the participant when engaging in such a program.

I absolve and hold harmless ART ZONE WEST LA, its employees, officers or agents from any liability which may result from participation in courses and activities conducted by ART ZONE WEST LA. I understand that ART ZONE WEST LA has no obligation to supervise my child at the close of the above activity, and I release ART ZONE WEST LA, its officers, employees, and agent from any liability resulting from any lack of supervision of my child at the close of the activity.

**PHOTO RELEASE:** Participants involved in the ART ZONE programs may be photographed and such photographs may be used to publicize ART ZONE WEST LA programs/activities.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Allergies (if none, so state) \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Circle: Diabetes, Convulsions, Bleeder, Heart Condition, Other: List any other condition which should be known by physician administering treatment:

Class: \_\_\_\_\_

Start Date: \_\_\_\_\_

Staff Only: E-mail \_\_\_\_\_

Scan \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_