

# Summer Art Camp at Anna Starkova Art Studio (Full Day) Waiver

**Student's Full Name**

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## **LIABILITY WAIVER**

On behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Anna Starkova Art Studio and the artist Anna Starkova, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with my own/my child's participation in the Anna Starkova Art Studio programs and activities, including, but not limited to, for any personal injury that I/my child may suffer while participating in the Anna Starkova Art Studio program and activities. I understand and agree on behalf of my child that I/my child share the responsibility for safety during Anna Starkova Art Studio programs and activities, and I personally assume on behalf of my child that responsibility. I understand and certify that my own/my child's participation in the Anna Starkova Art Studio programs and activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate.

## **IMAGE RELEASE**

I hereby give my permission and consent to Anna Starkova Art Studio (1) photographing, filming, and video/audio taping the student, (2) using and displaying images and sounds of the student in Anna Starkova Art Studio archives, and promotional or informational material, including, but not limited to, newsletters, web, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child and myself any rights to compensation for, or ownership of, such images and/or sounds of the student and the above uses of them by Anna Starkova Art Studio. I have read this audio/visual image release and agree to its terms and conditions.

Yes \_\_\_\_\_ / No \_\_\_\_\_

## **MEDICAL EMERGENCY RELEASE**

I give permission to Anna Starkova to provide or obtain emergency care for the student if needed. I give permission to the physician selected by the program to order x-rays, tests, and treatment related to the health of the student in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injections, anesthesia, X-rays, special procedures, or surgery for the student, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions the student requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

## Emergency Contact Information

Name \_\_\_\_\_

Relation to the student \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_

Relation to the student \_\_\_\_\_

Phone number \_\_\_\_\_

## Fee/Cancellation Policy/Refunds

- Registration for a full-day camp requires a deposit of \$100.
- A full-day camp fee is \$500 or \$120 per day. The fee less deposit to be paid by June 1<sup>st</sup> for June camp and by July 1<sup>st</sup> for August camps.
- A deposit of \$100 is fully refundable if you wish to withdraw your child from camp prior to May 15<sup>th</sup> - for June camp, and June 15<sup>th</sup> - for August camps.
- A 50% refund will be issued if you cancel in advance of 2 weeks prior to your child's scheduled camp start date.
- Refunds will not be granted if you cancel within 2 weeks of your child's scheduled camp start date.
- Each weekly program requires a minimum number of campers (2). Full refunds are given only if Anna Starkova cancels the camp.
- Siblings discount 10% for 2<sup>nd</sup>/3<sup>rd</sup> child.

**By entering your full name below, you affirm that you are the parent or legal guardian of the student listed above, and that you understand and consent to all the terms and conditions of this waiver.**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_