



## Camp & Childcare Release Agreement

Make checks payable to Squak Art Studio. Please contact our office for exact prices.

1<sup>st</sup> Artist \_\_\_\_\_ Camp Dates/Period \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

2<sup>nd</sup> Artist \_\_\_\_\_ Camp Dates/Period \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ How were you referred? \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Primary Care Clinic \_\_\_\_\_

*I, \_\_\_\_\_, have read and understand Squak Art Studio's policies and terms. I consent to photographs of me or my dependent being used in promotional material and media. I am aware that during camp and childcare periods my dependent will have access to art tools and materials, some of which may be sharp, pointed, harmful if ingested, or otherwise unsafe when misused. I release Squak Art Studio from responsibility for injury or death due to misuse of materials, tools and facilities.*

*I consent to my dependent being escorted on foot by Squak Art Studio staff to nearby parks or picnic locations during lunch periods and field trips, should the opportunity arise. I am aware that participation in even a short outing has some inherent risks, and that accidents and injuries may occur despite the diligence of camp staff. I assume responsibility for these risks, and agree not to hold Squak Art Studio, its ownership, staff, or volunteers liable for any injuries resulting from participation in lunch outings.*

*I authorize Squak Art Studio staff to seek emergency medical care for my dependent if they deem it necessary. I agree that, if he/she is injured or becomes ill during a camp or childcare period, responsibility for any resulting hospital, medical, or related expenses will fall to me and my family healthcare plan. I am not aware of any medical condition of my dependent which would render it inappropriate for him/her to participate in any camp activities. I hereby give permission to the physician listed above to render any medical treatment necessary to my dependent.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list any medical conditions, allergies, or learning needs of your dependent that are relevant to our staff:**

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**Check here to join our newsletter:** Get email notifications about sales, camp/class dates, and other studio events. Unsubscribe any time.

Class times, prices and instructors subject to change. Childcare Tax ID available on request. Revised 12/29/2018