

# Bourne-Schweitzer Gallery Art Class Waiver and Release of Liability

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name (if participant is under 18):

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relation to Participant: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## Waiver of Liability

I, the undersigned, hereby acknowledge that I have voluntarily chosen to participate in the art classes provided by Bourne-Schweitzer Gallery. I understand that participation in these classes involves a certain degree of risk, including but not limited to, the use of art materials and tools, physical activities, and transportation to and from the class locations.

In consideration for being permitted to participate in the art classes, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the classes. I further agree to release, indemnify, and hold harmless Bourne-Schweitzer Gallery, its owners, employees, instructors, volunteers, and agents from any and all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to my participation in the art classes.

## Medical Treatment Authorization

In the event of an emergency, I hereby authorize Bourne-Schweitzer Gallery and its instructors to administer first aid and/or arrange for emergency medical treatment on my behalf, including transportation to a medical facility if necessary. I agree to be responsible for any medical costs incurred as a result of such treatment.

## Photography and Media Release

I grant permission to Bourne-Schweitzer Gallery to take and use photographs, videos, or other forms of media that include my image or likeness (or my child's image or likeness) during the art classes for promotional and educational purposes. I understand that these images may be used in publications, social media, and other promotional materials.

**(Optional) Please check if you do not consent to the media release:**

- I do not consent to the use of photographs, videos, or other forms of media that include my image or likeness.

**Acknowledgment of Policies**

I have read and understand the policies and procedures provided by Bourne-Schweitzer Gallery regarding the art classes. I agree to adhere to these policies and ensure that my child (if applicable) also follows them.

**Signature and Date**

I, the undersigned, acknowledge that I have read this waiver, understand its terms, and agree to be legally bound by it.

**Participant Signature**

**(or Parent/Guardian if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_