



Silverton Arts Association
www.silvertonarts.org

303 Coolidge St
Silverton, OR 97381

info@silvertonarts.org
503-873-2480

Permission Slip and Waiver Form

Child's Full Name _____ Age _____ Home Phone _____

Parent Name _____ Work Phone _____ Cell Phone _____

Parent Name _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone _____

Mailing Address _____ Email Address _____

Allergies to food or art supplies? _____ If yes, please explain _____

Other Information that Silverton Arts Association should know about the child:

Names of Persons Authorized to pick-up Child from Silverton Arts Association

(Child will not be allowed to leave with any other person without written authorization from parent or guardian)

Name _____ Relationship _____

Name _____ Relationship _____

Photographs: Silverton Arts Association is granted permission to use group or individual photographs or photo images taken during class for publicity or promotional purposes. Yes _____ No _____

Ability to engage in art activities and assumption of the risk:

Art activities, including but not limited to paints, glues, pastels, chalk pastels, pencils, wood/plaster tools, fiber (yarn/fabric/papers), wax, plastic bags, batik dye, plaster, drawing and sculpting in nature. Silverton Arts Association takes all possible precautions to reduce risk and provide safe, healthy, and en-joyable experiences. I warrant that my child is able to follow directions for all activities in studio class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class knowing these risks and their possible consequences including personal injury,

Waiver and Release of Liability

As a parent or guardian of my child, I agree that I will not hold Silverton Arts Association liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless Silverton Arts Association and their employees from all liability incurred as a result of my child's participation in art classes and that these terms serve as a release for myself, volunteers, property owners and members of my family.

I am the parent/guardian of the child—who is under 18 years of age—that I am registering for Silverton Arts Association classes.

Print Name (Parent/Guardian) _____

Signature (Parent/Guardian) _____ Date _____