

Balloon Geeks Artistic Creations, LLC
After school art class consent release form

Date _____

I, the undersigned parent or guardian, hereby consent for my child, _____, to walk with the staff from Balloon Geeks Artistic Creations, LLC after school to attend art class. On this form, I have disclosed all medical conditions affecting my child and of my child's doctor's name and phone number in the event of an emergency. My child will be picked up following class at the shop, 29 N. Main St.

I hereby knowingly assume all risks of injury to my child's person, including death, and property that may be sustained in connection with my child's participation in the above. The assumption of risk on the part of the undersigned includes, but is not limited to, bodily injury and death resulting from the negligence of Balloon Geeks Artistic Creations, LLC employees. The undersigned acknowledges that unanticipated and unexpected dangers may arise during my child's walk and participation in the class.

I do hereby agree to hold Balloon Geeks Artistic Creations, LLC and its staff or contractors harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, now or which may arise in the future in connection with my child walking to and participating in the art classes. The scope of this release includes, but is not limited to, all claims for negligence against BGAC, LLC and its staff or contractors, including claims for negligence resulting in bodily injury or death.

Signature Relationship to child Date

Primary contact name and phone number _____

Medical conditions or medications concerning my child _____

Emergency Phone Numbers _____

My child's doctor and phone number in case of emergency, we will contact you first, then your child's doctor)

Balloon Geeks Artistic Creation, LLC is not responsible for and will not replace personal property lost, stolen or misplaced.