



MCAC Homeschool Art Program
Release & Consent Form
Academic School Year 2020-2021

My minor child, as listed below, has my permission to fully participate with Mattawoman Creek Art Center, Inc. (MCAC) in all activities associated with the above named program.

In connection with and in considering of my child's participate in the Program, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck back, eye, and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and even, death. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity. There is potential for accidents and/or injuries arising from:
 1. Youth will be working around art supplies (scissors, glue, paint, etc...)
2. I understand that my child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release.
3. I represent that my child has no physical, health-related or other problems which would preclude or restrict their participation in the Program or otherwise rendering their participation dangerous or harmful to them or others. I further represent and warrant that my child has adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the Program and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that my child must abide by all rules and regulations applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result of illness or injury associated with the Program or related activities, I consent to such first aid and or treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless the Mattawoman Creek Art Center Inc., a Maryland Corporation and their governing boards, officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCAC or any other person or entity.
7. I attest and verify that all individuals below are physically fit and able to participate in any MCAC sponsored activities. Further, I acknowledge that it is my responsibility to understand any inherent risks associated with MCAC sponsored activities and communicate those risks to my child and others involved.

8. I do hereby certify to the best of my knowledge and belief that my child(ren) named below are in good health. In the event that I, or other parent/guardian, cannot be reached I/we do hereby consent to whatever x-ray, examination anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such actions, including payment of costs.
9. I/we hereby advise that the below named minor(s), has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: If non, please write the word "none." If yes, put first name of child and allergy/condition.)

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPATING CHILD/CHILDREN, AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian Having Care and Custody of Participating Child _____ Date _____

Name of Parent/Guardian: _____ Telephone #: _____

Email: _____ Alt Phone#: _____

Mailing Address: _____

Participating Child(ren)'s Name/Age: _____

Participating Child(ren)'s Name/Age: _____

Participating Child(ren)'s Name/Age: _____

Participating Child(ren)'s Name/Age: _____

Participating Child(ren)'s Name/Age: _____

Participating Child(ren)'s Name/Age: _____