

CALARTS COMMUNITY ARTS PARTNERSHIP PROGRAM

Consent to Participation and Risk, Pick Up Authorization, Waiver of Liability and Indemnification Agreement

(I)(We) am/are the undersigned parent(s) or legal guardian of the student (“Student”), whose name appears below, a participant in the California Institute of the Arts (CalArts)’s Community Arts Partnership (CAP) Program. (I)(We) understand that the CAP Program is a co-curricular initiative of CalArts. (I)(We) also understand the nature of the CAP Program, and (I)(We) believe that Student is qualified and in proper physical condition to participate in the CAP Program.

Consent to Participation and Risk

(I)(We) understand that participation in the CAP Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from activity to activity, but range from (1) minor injuries (e.g., scratches, bruises, strains, and sprains), to (2) major injuries (e.g., allergic reaction to art making materials and/or food), and to (3) catastrophic injuries (including paralysis and death). Additional risks to Student include, but are not limited to, damage or loss to personal property or other economic damage and loss. Such risks are present before, during and after CAP Program activities (e.g., during breaks, lunch recess and drop-off and pick-up times).

(I)(We) have read the previous paragraph, and (I)(We) know, understand and appreciate these and other risks are inherent in participation in the CAP Program. (I)(We) hereby acknowledge that Student’s participation in the CAP Program is voluntary, and (I)(We) knowingly consent to Student’s participation in the CAP Program and all such risks.

Pick Up Authorization

The following individuals are authorized to pick up the Student from the CAP Program (*use additional sheets if necessary*):

1. Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student can leave by themselves after the program ends.

Parent Signature _____

Waiver of Liability and Indemnification

(I)(We), in consideration for Student being accepted into and allowed to participate in the CAP Program, for the Student, myself/ourselves, and our heirs, personal representatives and assigns, do hereby waive, release, discharge and covenant not to sue CalArts, its CAP affiliates and its/their trustees, officers, employees, agents and volunteers, from liability from any and all claims, including the negligence of CalArts, its CAP affiliates, and its/their trustees, officers, employees, agents and volunteers, resulting in personal injury (including death), accidents or illness, and property loss arising from, but not limited to, participation in the CAP Program.

(I)(We) agree to indemnify and hold CalArts harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities (including attorneys' fees) brought as a result of Student's involvement in the CAP Program, and (I)(We) also agree to reimburse CalArts for any such expenses incurred by it.

Acknowledgement of Understanding

(I)(We) have read this consent to participation and risk, waiver of liability, and indemnity agreement, fully understand its terms, and understand that (I)(We) am/are giving up substantial rights, including the right to sue. (I)(We) acknowledge that (I)(We) am/are signing this agreement freely and voluntarily and, by signing below, (I)(We) intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Student's Name (Print): _____ Age: _____ Date: _____

Parent(s)/Guardian(s) (Sign): _____

Print Name(s): _____

Students 18 years old or older must date and sign here.

I am the Student referred to herein. I am ____ years old. I have read, and I understand, all of the terms and conditions above and I agree to be bound by all of them.

Date: _____

Student (Sign): _____