



# Developing, Supporting & Promoting the Arts

147 N. Rural Street, Hartford, WI 53027 P: 262-670-0560 SchauerCenter.ORG

## Schauer School of the Arts Waiver Form: June 1, 2024 – May 31, 2025

Child's Name: \_\_\_\_\_

Class(es) Enrolled: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

City, Zip Code: \_\_\_\_\_

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

Alternate Emergency Contact Name & Phone Number: \_\_\_\_\_

Family Physician & Phone Number: \_\_\_\_\_

Please list any medications your child regularly takes: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any special needs or information you would like the instructor to know (use the back of form if needed):

\_\_\_\_\_

\_\_\_\_\_

The Undersigned acknowledges that the Schauer Arts and Activities Center, Inc. will provide facilities and/or equipment for the conduct of the above activity. The Undersigned further acknowledges the participation in the activity could result in injury and/or damage to property and expressly assumes the risk of such and/or damage.

In consideration of the Schauer Arts and Activities Center providing facilities, equipment, organization and supervision of the activity, the Undersigned agree(s) and covenant(s) and do(es) hereby release, waive, indemnify and hold harmless the Schauer Arts and Activities Center, Inc and all of its employees, agents, and appointed organizers, sponsors, and supervisors from and against any and all claims arising by reason of any damage, loss or injury either to person or property or both, resulting or in result, known or unknown, in connection with participation in the activity and/or other related activities incidental thereto. The Undersigned further acknowledge(s) and agree(s) to be responsible for any and all property damage to or loss of Schauer Arts and Activities Center, Inc. facilities or equipment attributable to the intentional misconduct or negligence of the participant.

**Photo/Publicity Release:** I agree to allow photographs of my child taken by the Schauer Center designated photographers to be used in publicity, including Schauer website, press releases, social media and brochures.

**Drop Off Policy:** I understand that it is the explicit policy of the Schauer Center that all children under the age of 12 be dropped off and picked up by a guardian at their assigned studio/classroom (or adjacent waiting area) & will abide by this rule.

**Health & Safety Acknowledgment:** I will refrain from sending my child(ren) to class if they are experiencing COVID-19 Symptoms, including Fever of chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, nausea, or diarrhea.

**The Undersigned acknowledges that this release and waiver has been completely read and fully understood before signed. The Undersigned also hereby authorizes the Schauer Arts and Activities Center, Inc or their appointed representative to sign for care in the event emergency contacts cannot be reached.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_