Alistair Academy
Mastering Art in Education

Liability of Release with Parental Consent Form

Student's full name: _____

Date of Birth: _____/_____/_____

Address: _____

Guardians' phone number: (_____) _____

The undersigned(s), being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in classes and activities conducted by Kid-Creative and to the participation of the child in all events related to said activities.

Kid Creative is an organized classroom environment and aims to avoid any possible accident or injury during the supervision of students. In the unforeseeable event of an accident: The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the Kid Creative Classes and agree(s) to release, indemnify, defend and forever discharge the participating parent/ teacher of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in Kid Creative classes.

In consideration of my student's participation in a classroom environment, the undersigned acknowledges and agrees to the following:

1. I have not experienced symptoms of fever, fatigue, difficulty breathing, or dry cough or exhibiting any other symptoms related to Covid-19 or any communicable disease within the last 14 days.

2. I have not been, nor any members of my household, diagnosed to be infected with Covid-19 within the last 30 days.

3. I am fully aware of the potential risk of contracting Covid 19 and hereby release, waive and discharge the organization stated from any and all liabilities related to Covid 19 while participating in any activity.

By signing below, I acknowledge that I have read the liability of release waiver and understand its contents.

Signature of Parent/Guardian:_____

Date:_____/ _____/ _____

Please email this form to AlistairAcademy@outlook.com or bring it to your first class.

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Emergency Contact Information Form

Student's full name: _____

In case of Emergency contact:

1. Name: _____

Relationship to Student: _____

Phone Number: (_____) _____

Alternate Phone: (_____) _____

Email: _____

2. Name: _____

Relationship to Student: _____

Phone Number: (_____) _____

Alternate Phone: (_____) _____

Email: _____

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