

Last Name \_\_\_\_\_



# 2019 MEDICAL WAIVER

Please fill out a separate form for each child and email to [admin@popartskids.com](mailto:admin@popartskids.com).  
This form is required prior to camp.

### Camp Name

### Dates

_____	_____
_____	_____
_____	_____
_____	_____

### Student Information

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian Information

Full Name(s) \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Email \_\_\_\_\_ Work Number \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Email \_\_\_\_\_ Work Number \_\_\_\_\_

### Emergency Contact

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Authorized Pick Up (if different than parent)

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**In the event that I cannot be reached in an emergency, I give permission for the above persons to act as guardian for my child named above.**

\_\_\_\_\_  
 Parent/Guardian Signature Date

Last Name \_\_\_\_\_

**Medical Contact Information**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Allergies, Health Concerns, Behavioral Conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver & Release**

In my absence, I authorize Pop! Arts and the instructor of my child's camp/class to call for emergency rescue services for my child should they be necessary in the case of injury or suspected injury, or during the times that the above named individual is participating in an activity sponsored by Pop! Arts. I authorize the attending physician to administer necessary emergency medical care to the above individual upon arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.

I understand that Pop! Arts does not provide accident, health, or life insurance coverage for the above named participant during program participation. I certify that the above name is capable of participating safely in Pop! Arts programs.

I, the undersigned parent or guardian of student, recognize and acknowledge that activities with Pop! Arts involve risk of serious injury, including permanent disability or death, and serve social and economic losses which might result from participant action, inaction, negligence of others, rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned. I further understand that I am legally responsible for actions of the my child including, but not limited to, any damage to private or public property. I am legally responsible for my child's welfare and actions including personal needs and medical expenses. I agree to indemnify and hold Pop! Arts, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury which may result from my or my child's participation in activities sponsored by Pop! Arts. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of Pop! Arts. I further agree to release, waive and discharge, and covenant not to sue Pop! Arts for any claims, demands, or actions whatsoever arising out of any damage, loss, or injury incurred on or to me or my child as a result of my participation or my child's in activities sponsored by Pop! Arts. This release of liability and indemnity applies to me, the undersigned, or my child, as well as any personal representatives, assigns, heirs and next of kin.

(Check box to give consent. We respect your privacy and will ask students to step out of photos to ensure it.) I give my consent to use any photographs or videotape taken of me (my child) while participating in Pop! Arts program in future promotional or marketing materials, Facebook and Instagram.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**