



Participant's name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# PARTICIPANT AGREEMENT

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## WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

*To be signed by adults if the participant is under 18 years of age.*

### Acknowledgment and Assumption of Risk

The undersigned participant (or parent and/or legal guardian of under-aged participant) does hereby acknowledge that he/she is aware that there may be dangers and risk to the participant's person and property while volunteering at or using the facilities of the Idaho Art Lab. Because of this, the undersigned recognizes the importance of and agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

The undersigned understands that the Idaho Art Lab (IAL) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the IAL has no responsibility or liability for injury resulting from this activity.

### Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate or volunteer at the Idaho Art Lab, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned forever:

- a. **Waives, releases, and discharges the Idaho Art Lab** and its Board of Directors, volunteers or employees, from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in any activity or event; and
- b. **Defend, indemnify, and hold harmless the Idaho Art Lab** and its Board of Directors, volunteers or employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from this activity or event. This means that I, the participant, parent or guardian of a participant, am responsible for the participant's actions.

In the event the participant is injured, I authorize the Idaho Art Lab or their authorized representative to secure first aid or take the participant to the Doctor listed above. If the doctor is not available, take the participant to the hospital with the understanding that any financial responsibility is the obligation of the participant, parent or guardian of a participant and not of Idaho Art Lab.

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

### Child Protection Agreement

Adults or youth who have been convicted of or are currently under suspicion of either sexual or physical abuse of another, or who have a history of inappropriate conduct, are not allowed to interact with minors at the Idaho Art Lab.

**Two Person Rule:** No adult is to be alone in a room with a minor, unless both parties are clearly visible at all times via a window, open door, etc.

**16 & up:** Participants aged 16 and up may use the IAL without parent/guardian supervision if this Contract has been signed.

**13 - 15 yrs.:** Participants aged 13-15 may volunteer at the IAL without parent/guardian supervision if this Contract has been signed.

**Under 13:** Participants under 13 yrs. must be accompanied and directly supervised at all times by a parent or responsible childcare provider (over the age of 13).

### Late Pick-Up Policy

I, the undersigned, understand that the Idaho Art Lab is not able to provide short or long-term child care, or be responsible for unattended children. Minors must be picked up at the end of the class, workshop or volunteer shift. At 30 minutes past the pick-up time, we will begin charging a fee of **\$1.00 per minute per child** until the child is picked up.

***I, the undersigned, have read and understand this Participation Agreement:***

**Volunteers:** Please initial: \_\_\_\_\_ I have read the Child Protection Policy before signing this form & volunteering.

### ADULT PARTICIPANT

Name: \_\_\_\_\_ Signature (18+): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_ Town: \_\_\_\_\_

### MINOR PARTICIPANT

Minor's Name: \_\_\_\_\_

Minor's Age: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Phone #: \_\_\_\_\_

or (Adult) Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*If parent/guardian is not available in an emergency, please notify on of the following (We require ID):*

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone **NOT** allowed to pick up your child? Y/N

If so, who?

**Doctor's Name:** \_\_\_\_\_

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

Doctor's Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Allergies?

