



Permission Agreement for Clementine Studio

Parent or Guardian:

Address:CityZip

Name of Artist:

Date of Birth:

A. I/We understand that all Clementine Studio classes take place at 3014 Bluff Street. I/We grant permission for my/our child to participate in all the activities of Clementine Studio that take place during class with the exceptions noted here:

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B. I/We grant permission for my/our child to be included in pictures of promotions for Clementine Studio.

C. I/We grant permission for the staff of Clementine Studio to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:

- administer first aid
- attempt to contact parent, guardian or emergency contact person
- attempt to contact child's physician
- attempt to contact parent through any of the persons listed above

D. If we are unable to contact the parent or the child's physician, we will do any or all of the following:

- call another physician
- call an ambulance
- have the child taken to the BOULDER COMMUNITY HOSPITAL EMERGENCY ROOM in the company of a staff member in a staff vehicle.

E. Clementine Studio will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.

F. We understand that the undersigned is responsible for any costs associated with the aforementioned medical treatment(s).

G. Clementine Studio will not assume responsibility for a child who has not been signed in/out when he/she arrives and leaves class.

SignedDate: