



**YOUTH GENERAL INFORMATION & EMERGENCY MEDICAL PERMISSION FORM**

**GENERAL INFORMATION:**

All forms must be completed and returned to Mark Arts before the first day of the activity or class.

Participant Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Back Up Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT HEALTH INFORMATION:** The undersigned Parent or Legal Guardian provides the following health and/or medical information in connection with the Youth's participation in the activity or class (please include the identity of any allergies or issues staff will need to know):

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**Parent or Legal Guardian's Consent for Emergency Medical Treatment:**

I hereby represent that I am the parent and/or guardian of the above-named minor child. I request that my child be allowed to participate in the activity or class at Mark Arts.

I give permission to Mark Arts to obtain on my child's behalf and at my expense any emergency medical treatment as deemed necessary in the sole discretion of Mark Arts in case of sickness, accident, or injury. In consideration of the request to participate in the program, and with the understanding that Mark Arts staff members are not acting as physicians or medical providers, I HEREBY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD, TO RELEASE AND FOREVER DISCHARGE MARK ARTS, ITS BOARD MEMBERS, OFFICERS, EMPLOYEES AND AGENTS from any and all liability arising from Mark Arts rendering first aid, calling 911, and/or seeking emergency medical treatment for my child.

I have authority to enter this authorization and hereby do so on behalf of myself, my child and all parents and/or legal guardians of the child, and affirmatively state that my child is physically able to participate in the applicable event.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**WAIVER AND RELEASE OF LIABILITY AND PUBLICITY RELEASE  
FOR MINOR PARTICIPANT**

As the parent or legal guardian of \_\_\_\_\_ (the "Minor") signing this release, I certify that I am of full legal age and have the right to contract for and on behalf of the Minor.

**Assumption of Risk.** I understand that participation in any event held at Mark Arts is voluntary, and that some events include various physical and other risks. I agree to assume the risk of any and all illness or injury (minor, serious, or catastrophic in nature, including claims and suits for any injury, fatal or otherwise) or damage (to person or property) resulting from the Minor's participation in any such event. I understand that presence at and/or participation in Mark Arts events may present exposure to communicable disease, including the novel coronavirus (COVID-19). I specifically agree to assume the risk of any and all illness (including illness, personal injury, disability, and death) resulting from the Minor's presence at and/or participation in the event. I further agree that the Minor will not participate in the event if sick, and that Mark Arts will be notified promptly if the Minor experiences symptoms of a communicable illness or virus or if has been diagnosed with a communicable illness or virus.

**Release of Liability.** I understand that if the Minor becomes ill, is injured, or if my property is damaged while the Minor is participating in an event at Mark Arts, that the illness, injury, or loss will not be covered or reimbursable by Mark Arts. I hereby waive all claims, on behalf of the Minor, myself and all other parents and/or guardians of the Minor, now or in the future, for any such damages and hereby release and discharge Mark Arts, its Board Members, Officers, Agents and Employees from any liability for any such damages. I assume full responsibility for all liability in connection with such damages, and agree to indemnify Mark Arts against any and all such claims and related costs.

**Publicity Release:** As a participant in Mark Arts events, the Minor may be photographed, recorded, or have his/her likeness captured digitally while participating in Mark Arts classes and activities. On behalf of the Minor, I expressly agree and acknowledge that Mark Arts and its designees, and grantees (collectively, the "Grantees") have the right to photograph and otherwise record the Minor's likeness and any other form of the Minor's identity related to Minor's participation as a Mark Arts student (the "Recordings"). Grantees have the unconditional right to use the Recordings in connection with any publications, materials, social media, or websites.

**Applicable Law:** This Release is intended to be as broad and inclusive as permitted by applicable law. This Release is governed by and interpreted in accordance with the laws of the State of Kansas. If any court of competent jurisdiction holds any term of this Waiver and Release invalid, the invalidity of such terms shall not otherwise affect the enforceability of remaining terms of this Waiver and Release.

By signing this Waiver and Release, I agree and acknowledge that I have read the foregoing Waiver and Release, understand it, and sign it voluntarily my own free acts and deeds. No verbal representations, statements or inducement, apart from this Waiver and Release, have been made. **DO NOT SIGN THIS RELEASE UNLESS YOU HAVE READ AND UNDERSTAND IT. SEEK LEGAL ADVICE IF YOU ARE UNSURE OF ITS EFFECT.**

**Mother/Father or Legal Guardian of Minor:**

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## YOUTH PARTICIPATION AGREEMENT

PRINT Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

Current Grade Level or Rising Grade Level if Summer: \_\_\_\_\_

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

For the safety of all our students, we require that students conduct themselves in an appropriate manner during classes at Mark Arts. Parents/guardians should make Mark Arts aware of any special circumstances relating to a student's abilities and/or conduct in advance of classes.

This participation agreement **MUST** be signed by the student and parent and returned to Mark Arts prior to the beginning of classes or camp.

By signing this Agreement, I understand that Student will comply with the following:

- I will respect the learning environment, materials, and Mark Arts' property.
- I will make a concerted effort to be involved mentally and physically in class activities, consistent with my abilities.
- I will always use appropriate language while at Mark Arts.
- I will always demonstrate respect for staff and fellow students at Mark Arts.
- I understand that electronics and cell phone use are **NOT** permitted in class.
- If I am with someone who is breaking the rules, I will notify the teacher immediately.
- I will walk into the building with a parent/guardian so that parent/guardian can sign me in for class.
- I will wait until a parent/guardian walks in the building to sign me out of class to leave the building.

If Student does not follow these rules, I understand the following consequences may occur:

- First offense: verbal warning from the instructor.
- Second offense: share a discussion with parents at pick up.
- Last offense: be discharged from class and enrollment will **NOT** be refunded.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Scan and email to [school@MarkArtsKS.com](mailto:school@MarkArtsKS.com). Please, no cell phone pictures of the forms. Mail to or drop off at Mark Arts before first day of class, 1307 N. Rock Road, Wichita, KS 67206 Attn: YOUTH PARTICIPATION AGREEMENT