



# Sun Gallery Summer Art Day Camp

Sun Gallery, 1015 E. Street, Hayward, CA, 94541

## WAIVER AND RELEASE

The undersigned hereby consents to allow her/his minor daughter/son (name of Student) \_\_\_\_\_ to participate in the Sun Gallery Summer Art Day Camp and hereby executes the following waiver and release of liability on her/his behalf. By affixing my signature below I warrant and represent that I am the parent or legal guardian of said minor child listed from above and have the legal ability to waive, release and discharge any and all claims for damages resulting from personal injury, property damage or death causes of action which I might have, or which may hereafter accrue to me, as a result of my child's participation in the Sun Gallery Art Day Camp. This release is intended to discharge Sun Gallery and its officers, employees and agents from any and all liability arising out of or connected in any way with my child's participation in said activity, even if such liability may arise out of active negligence or carelessness on the part of persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks on behalf of my child. It is further agreed that this waiver and release is to be binding on all of my heirs and assignees. I state and warrant that the above-mentioned minor is physically and mentally able to participate in the Sun Gallery Art Day Camp. I hereby agree to indemnify and to hold harmless the persons and entities mentioned above from lawsuits, losses, liability, damage, costs or expenses which they may incur as a result of injury and/or property damage that said minor may sustain while participating in said activities.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND IS INTENDED TO BE BINDING CONTRACT BETWEEN SUN GALLERY, AND MYSELF AND I HAVE SIGNED THE WAIVER AND RELEASE OF MY OWN FREE WILL.**

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

Signature of Parent or legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Person to phone in an emergency: \_\_\_\_\_

Their phone #: \_\_\_\_\_

Name of Medical Doctor of HMO & Med. #: \_\_\_\_\_

\_\_\_\_\_

List if child is allergic to anything:

\_\_\_\_\_