



GLASS CAMP/CLASS WAIVER

EMERGENCY CONTACT INFORMATION

Date: _____

Student Name and DOB: _____

School / Grade: _____

Parent Contact Information

Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Would you like to be on the email list alerting you to future glass camp dates? ____ Yes ____ No

Alternate emergency contact information. These are people who are authorized to pick up your child in case of an emergency or when you are unreachable.
(name, relationship, phone numbers, email):

Is there anyone NOT authorized to pick up your child? _____

Medical concerns that Marcia Wiley should be aware of (Please provide detail on additional paper if necessary):

Does the Student have any allergies? (I have a cat who is not generally allowed in the studio but who is on the grounds and in my home, and I have a garden with the occasional bee and spider). If so, please describe, along with a preferred response in the event of an allergic reaction:

MEDICAL RELEASE

I agree to allow my child, _____, to receive medical treatment, should the need arise. If I cannot be reached regarding medical care and treatment for my child, I give Marcia Wiley and Masia, Inc., permission to secure medical care, and grant permission for

my child to be transported for the purpose of receiving medical care, and for medical care to be administered to my child to any extent deemed necessary. I assume the costs of any medical care that may become necessary in the course of or as a result of my child's participation in Marcia Wiley and Masia, Inc. glass camp/class.

Parent signature: _____

Printed name: _____

RELEASE OF LIABILITY

1. I understand that there are inherent risks associated with participation in glass camp, both associated with glass work and with free play time, whether on-site or off-site.
2. I further understand that my child may be transported off-site by Marcia Wiley and Masia, Inc. as part of glass camp/class. (Small camps: 3-4 children)
3. In consideration for participation in the glass camp/class, I agree to hold Marcia Wiley and Masia, Inc., harmless for any injury or loss caused or related to my child's participation in a Marcia Wiley glass camp/class.
4. I hereby assume all these risks, including those caused by negligence of Marcia Wiley, and I release all claims held by me, my heirs or assigns, spouse, or child. I further promise to indemnify and hold harmless Marcia Wiley for any claims, liabilities, damages and expenses, including attorney fees, arising from my child's attendance in a Marcia Wiley glass camp/class.
5. I understand that my child may be allowed to work with hand and power tools, at the discretion of Marcia Wiley, and agree to tell Marcia Wiley if I have concerns about my child working with tools.
6. I understand that if my child behaves in an unsafe way, is unable to follow camp rules, or disrupts the learning environment, I will be contacted and asked to pick up my child.
7. By signing below, I agree that I understand this waiver of liability and hold harmless agreement and agree to its terms.

Parent signature: _____ Printed name: _____

PERMISSION TO USE IMAGES

Photos, videos, recordings, or other images will likely be taken during glass camp/class. They may be used for records of classes, included on promotional materials or used on the web to give an idea of what happens at glass camp/class. Please indicate whether images of your child may be used by Marcia Wiley and Masia, Inc.

I give Marcia Wiley and Masia, Inc. permission to use images of my child as described above:
(initial one): _____ yes _____ no

This will be kept on file and deemed current until replaced by a new one, or up to 3 years.