

Waiver of Liability for Participation in Classes Arts Center of Kershaw County

- I have read and understand the protocols for participation in this class at the Arts Center of Kershaw County and agree to follow the guidelines.
- I accept that if I refuse to follow established rules for safety and security, not only will I be asked to leave the class, but will forfeit my payment as there will be no refunds in this situation.
- I understand that Arts Center of Kershaw County, and its affiliates, accept no responsibility for loss, damage or injury caused by or during attendance at any of the classes.
- This contract is binding until membership is terminated.

I understand and agree to the above conditions for the duration of the class.

Print your name: _____

Signature: _____ Date _____

Emergency contact information

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Parent or guardian: Please sign below if you are giving your consent for your child to participate in the class and that you agree to ensure that you and your child understand the guidelines.

Parent's Name (print name): _____ Phone: _____

Signature: _____ Date: _____

Persons who have permission to pick up my child:

Name (print name): _____ Phone: _____

Name (print name): _____ Phone: _____

Name (print name): _____ Phone: _____