



# Child/Youth Student Information

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|         |                       |  |  |  |
|---------|-----------------------|--|--|--|
| Session | Class Name/Instructor |  |  |  |
|---------|-----------------------|--|--|--|

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|--------------------|-------------------|-----|--|--|
| Student First Name | Student Last Name | Age |  |  |
|--------------------|-------------------|-----|--|--|

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|                        |      |      |       |     |
|------------------------|------|------|-------|-----|
| Student Street Address | Apt. | City | State | Zip |
|------------------------|------|------|-------|-----|

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|----------------------------|---------------------------|--|--|--|
| Parent/Guardian First Name | Parent/Guardian Last Name |  |  |  |
|----------------------------|---------------------------|--|--|--|

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|                                |      |      |       |     |
|--------------------------------|------|------|-------|-----|
| Parent/Guardian Street Address | Apt. | City | State | Zip |
|--------------------------------|------|------|-------|-----|

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|                 |       |
|-----------------|-------|
| Preferred Phone | Email |
|-----------------|-------|

Opt Out: Please do NOT send Inspire's bi-monthly newsletter.

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## Emergency Contact Information

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|      |              |       |
|------|--------------|-------|
| Name | Relationship | Phone |
|------|--------------|-------|

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## Physician & Insurance Information

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|-----------------------------|-------|
| Primary Care Physician Name | Phone |
|-----------------------------|-------|

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|                   |              |               |
|-------------------|--------------|---------------|
| Insurance Company | Group Number | Member number |
|-------------------|--------------|---------------|

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## Who is permitted to pick up your child from class?

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|---------|-------|
| 1) Name | Phone |
|---------|-------|

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|         |       |
|---------|-------|
| 2) Name | Phone |
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**Student's Medical Issues or Other Learning Concerns**

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**How did you hear about Inspire?**

- Walk-in       Advertising       Other \_\_\_\_\_  
 NEISD       Friend/Family       Website \_\_\_\_\_  
 Brochure
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**MEDICAL RELEASE**

- I hereby give my consent that in case of life-threatening emergency, Inspire may have an ambulance transport my child to the nearest hospital. I am aware that I am responsible for all costs associated with transport and treatment.

**PHOTO RELEASE**

- I hereby consent to the use of (child's name) \_\_\_\_\_'s:  
 artwork       photo  
For use in:     Inspire's catalog/brochure/printed media       Inspire's website/social media  
I release Inspire Community Fine Art Center, its principals, officers, and directors from any and all claims I may have now and in the future associated with such use.

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Guardian Printed Name

Guardian Signature

Date

# Release and Waiver of Liability for Participants

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This Release and Waiver of Liability is executed on the date of signature listed below by the officers, employees and agents of Inspire Community Fine Art Center.

I, the parent/guardian of \_\_\_\_\_, the participant, hereby freely and voluntarily, without duress execute this Release under the following terms:

1. Waiver and Release I hereby release and forever discharge and hold harmless the Inspire Fine Art Center (hereby referred to as IFAC) and its successors and assign from and all liability claims, demands, and causes of action of whatever kind of nature, either in law or equity, which may hereafter arise from my child's participation with IFAC and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated with IFAC.

I understand and acknowledge this Release discharges IFAC from any liability of claim I may have against IFAC, from any liability or claim I might have against IFAC with respect to any bodily or other injury, illness, death or property damage that may result from my child's participation. I also understand IFAC does not assume any responsibility or obligation to provide financial assistance or other assistance including but not limited to medical, health, disability insurance, in the event of injury, illness, death or property damage.

2. Insurance I understand IFAC may elect to provide group, accident or other liability insurance for benefit of its participants. Any coverage so provided will be governed by the policy language. AS A PARTICIPANT, I AM EXPECTED AND ENOURAGED BY IFAC TO MAINTAIN MEDICAL, HEALTH, AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY BENEFIT AND THE BENEFIT OF FAMILY MEMBERS.
3. Medical Treatment Except as otherwise agreed to by IFAC in writing, I hereby release and forever discharge IFAC from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my child's participation with IFAC and/or any project, activity, or even sponsored, managed, arranged, or promoted by or otherwise affiliated with IFAC.
4. Assumption of Risk I understand my participation with IFAC and/or any project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated with IFAC may include activities that may be hazardous to my child. I further recognize and understand participation may involve certain inherently dangerous activities and release IFAC from all liability for injury, illness, death, and/or property damage that may result.
5. Photographic Release I do hereby grant and convey until IFAC all rights, titles, and interest in and to any and all photographic images, video or audio recording made by or on behalf of IFAC or made with its consent, during my child's participation with IFAC and/or any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with IFAC including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. Other I expressly understand and agree this Release is intended to be as broad and inclusive as permitted by law and this Release shall be governed by and interpreted in accordance with the law of the State of Texas. I agree that in an even any clause or provision of this Release shall be held as invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the provisions of this Release.

By signing below, I acknowledge I have read and understand this Release and agree to its provisions.

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Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date

\*\*Please be aware that all artwork will be held no longer than **2 weeks** after the end of class session/Inspire events. Any unclaimed artwork will become property of Inspire.\*\*