



RELEASE AND WAIVER OF LIABILITY

In consideration that the Village of Granville ("Granville") and the Bryn Du Commission ("Bryn Du Commission") permit the undersigned to enter upon certain property owned by Granville, commonly known as the Bryn Du Mansion and located at 537 Jones Road, Granville, OH 43023 (the "Property"), the undersigned, on behalf of themselves, their invitees, their heirs, executors, administrators, and anyone succeeding to the rights thereof, does hereby agree to hold harmless and release Granville, its officers, employees, agents, assigns, and anyone duly authorized to act on behalf of Granville and the Bryn Du Commission, of and from any and all claims, demands, damages, actions, and causes of action whatsoever, that may arise in connection with the entry by the undersigned upon the Property.

The undersigned understands, recognizes, and acknowledges that this Release and Waiver of Liability (the "Agreement") is voluntarily and intentionally signed and agreed to. The undersigned knows and understands that the Agreement will release Granville and the Bryn Du Commission from any liability whatsoever arising out of or in connection with the entry by the undersigned upon the Property.

Parent Signature

Parent Print Name

Date: _____

Dear Parent/Guardian:

As part of our program evaluation, the BRYN DU ART CENTER seeks permission to use your child’s picture or art images (further known as “Student Material”) in our promotional material for future programs and to use as part of our continual improvement of our programs and has the additional benefit of helping us make stronger arguments in support of arts education to funders and policymakers.

Would you kindly indicate your permission, based on the above parameters, in the appropriate boxes below:

I give -OR- I do NOT give... permission for the BRYN DU ART CENTER to create and use Student Material of my child/children and to distribute, broadcast or otherwise disseminate it, without any further approval from me, in whole or in part, for research, evaluation, funding, marketing, publicity and arts advocacy purposes. Children would not be identified by full name or any other biographical information.

I give -OR- I do NOT give... permission for the BRYN DU ART CENTER to distribute, broadcast or otherwise disseminate artwork my child creates with the BRYN DU ART CENTER for research, evaluation, funding, marketing, publicity and arts advocacy purposes.

By signing below, you affirm that you have the full power and authority to grant the permissions set forth in this letter agreement. Thank you very much!

Print Student Name(s) _____

Print Parent/Guardian’s Name _____

Parent/Guardian’s Signature X _____

Child Release Policy

Please list below the name(s) of alternate person(s), other than the parents, who will pick up the child on a **regular basis**:

<u>Full Name</u>	<u>Relationship to parents (e.g. nanny, friend, etc.)</u>	<u>Phone Number</u>
------------------	---	---------------------

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

I, _____, the parent or legal guardian of _____ have read, understood, and accept the child release policy of the Bryn Du Art Center.

_____	_____	_____
Name (Print)	Signature of Parent or Legal Guardian	Date

Unauthorized Pick-Up

1. Parents must list on this form the names of all persons who are permitted to pick up their child. We request parents to notify the Bryn Du Art Center (BRYN DU ART CENTER) in writing if someone else will be picking up the child. Please include parents/caregivers/friends for carpooling etc.
2. If the person picking up the child is not known to the instructor, information about the person must be provided, including the following: name, phone number. This person will be required to show picture ID.
3. If an unauthorized person arrives to pick up a child, the child will remain under the supervision of the instructor at the BRYN DU ART CENTER. The instructor will speak to the individual and explain the policy that no child will be released without written authorization from the parent or guardian.
4. If difficulties arise, all reasonable efforts will be made by the Bryn Du Art Center staff to ensure the safety of the child and the other children. If necessary the police will be called for assistance.

Alleged Impaired Pick-Up

The instructors at the Bryn Du Art Center will not release a child to an authorized person that appears to be impaired by drugs or alcohol and is driving the child home. The BRYN DU ART CENTER instructor will explain that driving under the influence of drugs or alcohol is against the law and that the instructor is obligated to ensure the safety of the child. The staff will offer to make other arrangements for transportation. If the impaired person chooses to drive under the influence the police will be notified.

Custody and Related Court Orders

If a custody or court order exists, a copy of the order must be placed in the child’s file at the Bryn Du Art Center. The guardian is responsible for providing accurate and up-to-date information concerning the legal guardianship of the child. Without a custody or court order on file, the instructor cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the authorized pick up list, the policy of unauthorized persons will be implemented. The guardian will provide all consents.

Please indicate if your child has medication needs: _____

Does your child have an EpiPen? Is it current? Yes _____ No _____

Allergies (food, insects medication, environment, (specify) _____

Does your child have any unique Hearing/Vision problems or learning issues, attention issues, social issues that may distract from the education process at the BRYN DU ART CENTER? If yes, please explain: _____

I give permission to the BRYN DU ART CENTER to share information relevant to my child's health condition with appropriate medical personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's physician/counselor for the purpose of referral, diagnosis and treatment. _____yes _____no

Parent/Guardian

Signature _____ *Date* _____