



Young Artists' Camp and Young Adult Art Studio

Student's Name: _____ Grade: _____ Age: _____

☐ Parent Name: _____ Phone: _____ E-mail: _____

☐ Parent Name: _____ Phone: _____ E-mail: _____

*Please check primary contact (you may check both)

Emergency Contact: _____ Emergency #: _____

Names of those authorized to pick up your child: _____

Waivers:

☐

Initial Here: If you will allow your child to CHECK THEMSELVES IN/OUT

☐

Initial Here: If you will allow your child to WALK FROM THE CAR to the check-in table without an adult and/or walk without an adult to where the car is waiting. If this box is initialed, the Young Artist Camp/Young Adult Art Studio and California State University, Long Beach are NOT responsible for missing or injured students on their walk to or from the check-in/check-out table.

☐

Initial Here: If you will allow your child to WALK HOME from the Young Artist Camp/Young Adult Art Studio if no one is available to pick them up. If this box is initialed, the Young Artist Camp/ Young Adult Art Studio and California State University, Long Beach are NOT responsible for missing or injured students on their walk home.

☐

Initial Here: If you have a child in one of CSULB's academic camps (Science, Tennis, 49er...) and give permission to their morning camp instructor to walk them over to YAC and sign in on your behalf.

Parent/Student Behavior Contract:

Our goal is to have fun at the Young Artist Camp/Young Adult Art Studio this summer! To keep the camp running smooth and keep every student at their creative best, we want to make sure all our parents and students know the three rules of conduct. If any student disobeys any of these rules they may be subject to dismissal.

Rule #1: Boundaries: Students should NEVER leave the classroom or area of instruction without permission from an instructor.

Rule #2: Respect: Students will respect each other (NO BULLYING), their instructors, the studio area and the materials used in class.

Rule #3: Always do your best!

If your child has any **SPECIAL NEEDS (please include IEP if available)** accommodations or any **ALLERGIES** to food/materials, please note them here:

X _____ Date _____
(Student)

X _____ Date _____
(Parent)

CSULB RESEARCH FOUNDATION

Youth Activity Programs

Emergency Contact Information:

In the event of an emergency, the Young Artist camp Youth Activity will make every effort to contact the participant's primary contact who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I ____ do ____ do not want to receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

Primary Contact:

First Name	Last Name	Relationship
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Phone No. 1: _____ Phone No. 2: _____

Address: _____

Street and Apt. No.	City	State and Zip Code
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Email Address: _____

Secondary Contact:

First Name	Last Name	Relationship
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Phone No. 1: _____ Phone No. 2: _____

Address: _____

Street and Apt. No.	City	State and Zip Code
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Email Address: _____

Third Contact:

First Name	Last Name	Relationship
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Phone No. 1: _____ Phone No. 2: _____

Address: _____

Street and Apt. No.	City	State and Zip Code
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Email Address: _____



CALIFORNIA STATE UNIVERSITY, LONG BEACH
RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Participant Name (Print):

Field Trip, Voluntary or Extracurricular Activity:

Date(s):

Activity and Location:

In consideration for being allowed to participate in this Activity including air and/or ground transportation, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, Long Beach, California State University, Long Beach Research Foundation, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.



I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature

Participant Name (print)

Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Legal Guardian

Name of Minor Participant's Parent/Legal Guardian (print)

Date

Minor Participant's Name (print)



California State University, Long Beach
1250 Bellflower Boulevard
Long Beach, California 90840

VOLUNTARY MEDICAL DISCLOSURE STATEMENT AND ASSUMPTION OF RISK

PROGRAM/DATES: _____

PARTICIPANT: _____

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and to the best of your ability. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.

PERSON TO CONTACT IN EVENT OF EMERGENCY

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ email: _____

DIETARY RESTRICTIONS:

Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies)

MEDICATIONS:

Please list all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, should be transported in its original packaging.

BLOOD TYPE RH FACTOR:

Assumption of Risk

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. I have no health related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.

The University and/or CSULB Research Foundation may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University and CSULB Research Foundation from any liability for their actions.

Signature of Participant: _____
Participant's Signature Printed Name Date
Signature of Parent
or Legal Guardian if
participant is a minor: _____
Parent/Legal Guardian's Signature Printed Name Date

Parent/ Legal Guardian's Signature Printed Name Date

CALIFORNIA STATE UNIVERSITY, LONG BEACH
Image Release Form

Youth Activity Name: _____

Location: _____

Minor Name: _____ Date(s): _____

I, _____, the parent and/or legal guardian of, _____ (my "Child(ren)"), do hereby grant permission to the State of California, Trustees of the California State University, California State University, Long Beach, California State University, Long Beach Research Foundation and all officers, employees, volunteers and agents of each of them (referred to as "University") to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) at the Youth Activity as defined above on the University website and in related Program/University promotional brochures, advertisements and videos for the purpose of promoting the Program/University's business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said University websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the University in connection with the promotion of the University. I hereby grant the University permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the University from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or my Child(ren)'s, photograph, name or likeness, or any or all of them, by the University for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor Child(ren).

Print Child(ren) Name: _____

Relationship to Child(ren): _____

Parent and/or Legal Guardian of (Child(ren)'s Name): _____

Signature: _____ Date: _____