

GIBSON SCHOOL OF THE ARTS - WAIVER

MEDICAL

I hereby declare that all necessary medical information has been provided for my child/children (allergies, medications, conditions GSOTA needs to be aware of etc.) and state that all said information is accurate and was provided by either Google Form or written paper copy.

The following is a parental consent permit for the Gibson School of the Arts regarding care and treatment of my child in the case of a medical emergency during his/her participation in Gibson School of the Arts.

In the event of a medical emergency, I hereby give permission to Gibson School of the Arts to secure medical treatment including hospitalization for the person named below. I also give permission to the GSOTA to arrange necessary related transportation for my child.

GENERAL

I give permission for my child/children to participate in the Gibson School of the Arts (GSOTA) program and hereby waive GSOTA and its personnel from liability for any accidental injury and for any damage to or loss of my property. GSOTA has permission to use photographs or videos of my child on its website and publicity materials for this and other programming.

ETIQUETTE

I and my child/children have read the Gibson School of Arts 'Etiquette Agreement' and the Participation Policy and Behavioural Standards. We understand the need for these guidelines and agree to abide by them for the duration of this workshop/class/camp/production.

CANCELLATION POLICY

Gibson School of the Arts reserves the right to cancel a program. If GSOTA cancels, a full refund will be given. Decisions are made to cancel a program/class one week prior to the start date in order to give fair notice to students. If participants cancel, there will be no refund of fees, unless we are in receipt of written notification one week prior to the program start date. Such refunds are subject to a 20% administrative fee.

Student Name/ Names (Printed): _____

Parent/ Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____