



Classes · Parties · Gallery · Art Supplies

CREATIVE IQ ART STUDIO PERMISSION SLIP

I give permission for my daughter/son, _____ to participate in all Creative IQ Art Studio programs, classes and activities, including pick up, drop off and transport by Creative IQ Staff between Lafayette Elementary School, located at 4545 Anza Street in San Francisco, CA, and the Creative IQ Art Studio, located at 3423 Balboa Street & 36th Avenue, San Francisco, CA, for after school art classes at Creative IQ as part of the Lafayette Elementary School After School Enrichment Program.

I authorize my child to be picked up from and/or dropped off at Lafayette Elementary School by Creative IQ Staff after school. I also authorize my child to walk to the Creative IQ Art Studio accompanied by a Creative IQ Staff Member and potentially other students. I understand that my child will meet a Creative IQ Staff Member for pick up in the Lafayette Elementary School yard by the flag pole within 5 to 10 minutes of dismissal on regular school days, (and by arrangement on early dismissal days, 10-15 minutes before regularly scheduled art class) for walking transport to the Creative IQ Art Studio for their weekly art class and, upon arrangement, will walk back with Staff after art class from the Creative IQ Art Studio for drop off at Lafayette Elementary School after school program.

I am aware that participation in this pick up, transport, art class and drop off has some inherent risks, that injuries can and may occur: on rare occasions these injuries can cause temporary or permanent paralysis or death. In consideration for my son/daughter being allowed to participate in the art class, transport and pick up/drop off, I assume the risk of all injury, and agree not to sue or hold liable Creative IQ Art Studio, it's owners, administrators, instructors, counselors, agents, affiliates or volunteers for any and all injuries caused by or resulting from any participation in the named program.

I also authorize the Creative IQ staff to seek emergency medical care for my son/daughter by my signature below. I agree that in the event my child is injured as a result of his/her participation in the activities, whether or not caused by the negligence (active or passive) of Creative IQ, or any of its agents, employees, or volunteers, recourse for the payment of any resulting hospital, medical, or related cost and expenses will first be had against any accident, hospital or medical, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. I hereby give permission to the physician selected by the school supervisory personnel present to render medical treatment necessary and appropriate by the physician. I have read thoroughly the release form and understand clearly all the details outlined.

Physician: _____ **Phone:** _____

Parent/Guardian Signature _____ **Date of Signature** _____

Parent/Guardian Name (printed) _____ **Daytime Phone** _____

Alternate Emergency Contact _____ **Phone** _____

www.creativeiqsf.com · ph: (415) 753-5124 · email: info@creativeiqsf.com

3423 Balboa Street, San Francisco, CA 94121 rev 11/26/2017