



117 W Front St, Buchanan, MI 49107
RotiRotiArtCenter.org
RotiRotiArtCenter@gmail.com
269-697-4005

Child Information Record and Releases

IMPORTANT: This is a legal document. Please read and understand this document before signing.

RELEASE OF LIABILITY – INDEMNIFICATION: I/we agree to indemnify and hold harmless the Buchanan Art Center, Inc.(BAC), dba Roti Roti Art Center of Buchanan(RRAC), its agents, servants, heirs and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from my/our participation, whether arising from the negligence of the Releasees or otherwise, to the fullest extent of the law. The terms of this agreement shall continue and be in effect after the experience has ended.

RELEASE: In consideration of services, property, or equipment provided, I and any minor children for which I am parent, guardian or otherwise responsible, heirs or assigns, do hereby release, BAC, its principals, directors, officers, agents, heirs, employees and volunteers, each and every landowner, municipal and/or governmental agency upon whose property this activity is conducted, from all liability and waive any claim for damage. I (the parent/guardian) release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

I/we hereby authorize any medical treatment deemed necessary in the event of any injury while participating in classes or activities at the BAC, dba RRAC. I/we are physically fit enough to participate. I either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. _____(initial)

The BAC/dba RRAC, or representative thereof, has my permission to obtain emergency medical treatment for my child:

Name: _____ Age: _____ Grade: _____
Street: _____
City: _____ State: _____ Zip: _____

Primary Parent’s/Guardian’s Name: _____
Cell phone number (call/text): _____ Alternate number: _____
Email address: _____

Secondary Parent’s/Guardian’s Name: _____
Cell phone number (call/text): _____ Alternate number: _____
Email address: _____

Name of Medical Insurance Provider: _____
Child’s Medical Number: _____ Member’s Name: _____
Family Doctor: _____ Phone #: _____
Preferred Hospital/Treatment Center: _____
My child is taking the following medications: _____

Allergies, if any, including food & medications: _____

Chronic or existing diseases or medical problems: (e.g.: diabetes, high blood pressure, hypoglycemia, epilepsy): _____

Current Medications and dosage: _____

Special Needs and Instructions: _____

Date last received Tetanus injection or booster: _____

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank.

- 1) Name: _____ Phone# : _____ (mobile or landline?)
Address: _____ Relationship: _____
- 2) Name: _____ Phone# : _____ (mobile or landline?)
Address: _____ Relationship: _____
- 3) Name: _____ Phone# : _____ (mobile or landline?)
Address: _____ Relationship: _____

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released.

- Name: _____ Phone# : _____ (mobile or landline?)
Address: _____ Relationship: _____
- Name: _____ Phone# : _____ (mobile or landline?)
Address: _____ Relationship: _____
- Name: _____
• Phone# : _____ (mobile or landline?)
Address: _____ Relationship: _____

Photo Release:

_____ I give permission for my child's photo/video to be used for display and/or promotional use on the RRAC website or social media pages.

_____ I DO NOT give permission for my child's photo/video to be used.

Signature of **Parent or Legal Guardian of Minor Participant:**

_____ Date: _____

Printed name of **Parent or Legal Guardian of Minor Participant:** _____