

STUDENT RELEASE FORM

Heidi Mayo Fine Art Instruction - Top of the World Studio Gallery
20 Savery Avenue, Plymouth, MA 02350
508-747-5467

PLEASE PRINT CLEARLY

EMERGENCY INFO:

Student: _____ age _____ grade _____ bday _____

Parent/Guardian: _____ address _____

Home Phone: _____ Cell: _____ Email _____

Emergency Contact: _____ Phone: _____

Allergies/medical conditions: _____

Physician name & phone: _____

LIABILITY WAIVER

I hereby agree to indemnify and hold harmless Heidi Mayo and her agents or employees from any liability of claim or action for damages from or in any way arising out of the participation in this program by the person registered. In case of accident or illness, Heidi Mayo has my permission to secure medical attention as deemed necessary, if unable to communicate with me directly.

parent signature

date

PHOTO RELEASE

I DO give permission for my child, _____ 's picture/likeness, student work to be taken for use in local newspapers, newsletters, social media, etc.

parent signature

date