

## Safety Waiver

**I.** In consideration of your accepting my entry, I hereby, for myself, my child, my heir, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against The Columbia Museum of Art and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my child during the duration of his/her participation and specified activities with CMA. I do hereby certify all the information to be correct and true.

**II.** Photograph / Story release – Giving the Columbia Museum of Art permission to use names, photographs, written and artistic material of students participating in a program, or visiting The Columbia Museum of Art. I hereby grant to the Columbia Museum of Art, its agents and assigns, my permission to use any and all photos of my child, or pictures or writing by my child, for reproductions in any form (print, video, website etc...) to help explain or promote the Columbia Museum of Art or its programs.

**III.** In case of an emergency, the Columbia Museum of Art is authorized to call an ambulance (specify hospital on form below). The Columbia Museum of Art also has the authorization to transport my child in case of a non-emergency medical situation.

Choice of emergency hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_