



Waiver of Liability + Emergency Contact Form

PLEASE WRITE LEGIBLY

Student Name

Student (or Guardian) Email

Guardian Name

Student (or Guardian) Phone Number

Emergency Contact Name

Relationship

Emergency Phone Number

I, _____ [name], hereby agree to the terms of participation as outlined in this Waiver, either on my own behalf or as the participant’s legal guardian. This Waiver is in force for the entire duration of this class or event, including any associated preparation or cleanup, whether on Marietta Cobb Museum of Art (MCMA) property or at any other location.

I understand and acknowledge that there is no guarantee for this class to be free from risk, and I agree to assume all liability and responsibility and responsibility for any and all potential risks that may be associated with my participation, including the inherent risks of contracting COVID-19. I hereby release, discharge, indemnify, and agree to hold harmless all MCMA employees, volunteers, instructors, and any other representatives of the above free from liability for any injury, illness, damage to or loss of property suffered by me which is incident to, arising out of, or in connection with my participation at MCMA.

_____ (initial)

For purposes of this Waiver, liability means all claims, demands, losses, causes of action, suits, or judgements of any kind that may originate from any guardians, heirs, executors, administrators, and all parties mentioned above due to personal, physical, or emotional injury, accident, illness, or death, or any loss or damage to property that occurs during my participation that may result from any cause, including, but not limited to, the actions of any party mentioned above, my own passive or active negligence or other acts of fraud, willful misconduct, or violation of the law. _____ (initial)

I agree to abide by all MCMA policies, including health and safety protocols. I understand that MCMA and/or the instructor have the right to exclude me if I become disruptive to an extent that is a detriment to class participants, visitors to MCMA, and MCMA employees and/or volunteers. _____ (initial)

I understand that no one except the staff of MCMA has the authority to change any of the provisions of this waiver. _____ (initial)

OPTIONAL PHOTO RELEASE: I grant MCMA the right to take photographs in connection with this class, and authorize MCMA, its assigns, and transferees the right to copyright, use, and publish the same. I agree that MCMA may use such photographs for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and web content. _____ (initial)

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY. I UNDERSTAND THE POTENTIAL DANGERS, AM WAIVING CERTAIN RIGHTS, AND ASSUMING THE RISK OF DAMAGE OR INJURY FROM MY PARTICPATION.

Signature

Date