

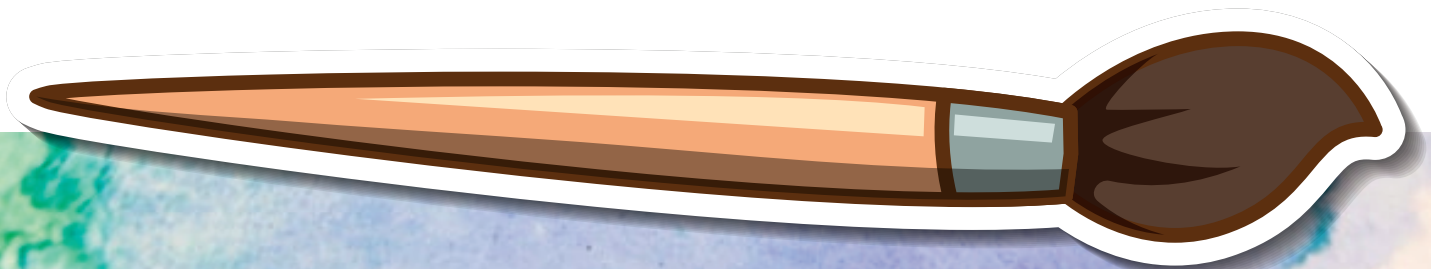


Mondays 1/22 - 3/8, 3:00-5:00pm

Pickup from McKinley is provided after school

Join us for two hours of Open Studio. We'll spend 8 weeks discovering what the Eastern Iowa Arts Academy Music and Arts Studios has to offer. We have everything from paint, to printing press to a baby grand piano to try! Art and music lovers are encouraged to register. Students must be picked up from our studio, 1847 E Ave NE, Cedar Rapids IA 52402.

- Only 10 Spots Available -



 **Eastern Iowa
ARTS Academy**

Signup Online!
easterniowaartsacademy.org

**Waiver and Permission to Transport Child
Eastern Iowa Arts Academy**

Child's Name (First & Last) _____

Event: Arts Van Go - McKinley **Date:** 1/22-3/8 **Location:** 1847 E Ave NE, Cedar Rapids IA

I give permission for my child to be transported in a motor vehicle driven by the individual/service identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I understand that participation in the identified event is not a requirement for participation in the Eastern Iowa Arts Academy programs. I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or death. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors, administrators, and assigns, further agree to release and forever discharge The Eastern Iowa Arts Academy, its Board of Directors and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf or my child's estate could bring with regard to any damages, demands or actions whatsoever, including, but not limited to, those based on negligence of any said persons or otherwise, personal injury, property damage or wrongful death, in any manner arising out of this transportation.

I, for myself, my child, my executors, administrators or assigns agree that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Eastern Iowa Arts Academy, I shall indemnify and hold harmless the Eastern Iowa Arts Academy from any and all claims or causes of action by whomever or wherever made or presented.

I acknowledge that I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____ **Revised 8.23.2023**



After School Program Registration Form

Class Name Arts Van Go - McKinley

Student Name _____

School _____ Grade _____ Date of Birth _____

Parent/Guardian(s) Name _____

Address _____ City _____ Zip _____

Phone Contact #1 _____ Phone Contact #2 _____

Email *(required)* _____

What ethnicity/race do you consider your child? American Indian or Alaskan Native Asian

Black or African American Multi-racial Native Hawaiian or Other Pacific Islander

White Other _____

RELEASE/WAIVER

I understand that reasonable measures will be taken to safeguard the health and safety of all participants in this program. Notification of any emergency affecting the student will be communicated as soon as possible to the contacts listed on the reverse side of this document. I authorize medical care to and/or transportation of the student to the hospital at our (my) expense to provide emergency care as deemed necessary. I hereby release Eastern Iowa Arts Academy, its employees, and/or agents and volunteers, from any claim for personal injury or property damage resulting from or arising out of activities in which the student participates, whether on the EIAA premises or elsewhere.

PHOTO CONSENT

I agree that EIAA may use the above named student's photograph and/or videotaping in the routine promotion of its classes and activities and for other non-commercial applications. (ie: website, television, annual reports, videos, brochures and other promotional material).

PERSONAL ARTWORK

I agree to have my personal art displayed at various location(s) around the community with my name published.

**By signing below, you agree and comply with the Release/Waiver,
Photo and Artwork Consent Policies.**

Please Return Form to Main Office, Office please scan and send to Lauren@eiaaprogram.org

Signature _____ Date _____