

Student's Name \_\_\_\_\_ Age (as of June 1, 2018) \_\_\_\_\_

June 18-22 Photography and Animation \$360

July 23-27 Photography and Animation \$360

June 25-29 Painting and Drawing \$360

July 30 – Aug. 3 Decorative Arts \$360

July 9-13 Artist Books and Printmaking \$360

August 6-10 Painting and Drawing \$360

July 16-20 Fabric Arts and Printmaking \$360

August 13-17 Photography and Animation \$360



Number of sessions: \_\_\_\_\_ Deposit amount (\$100 **per session**, balance due May 15): \_\_\_\_\_ or amount paid in full: \_\_\_\_\_

**By check:** payable to: Kalen Meyer and mailed: Kalen Meyer, 1229 Josephine Street, Berkeley, CA 94703

**Paid by credit card online**

Parent/Guardian #1 \_\_\_\_\_ email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If neither of the above can be contacted, in the case of an emergency call:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Physician to be called in an emergency \_\_\_\_\_ Phone \_\_\_\_\_

Insurance and Policy #: \_\_\_\_\_

Allergies, physical or medical limitations: \_\_\_\_\_

Persons authorized to take child from camp (child will not be allowed to leave with any other person without authorization from parent or guardian):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Indemnification, Waiver and Release:

In consideration for my, or my child's participation in a Summer Arts Class, taught by Kalen Meyer, I agree to:

1. Assume all risk of injury to my child and all risk of damage to or loss of property arising out of my own or my child's participation in this program.
2. Release, discharge and waive any and all responsibility of Kalen Meyer or Berkwood Hedge School, 1809 Bancroft Ave., from and against liability for any injury, including death, and for damage to or loss of property which may be suffered by my child or myself arising out of, or in any way connected with participation in this program.
3. Indemnify and hold harmless Kalen Meyer or Berkwood Hedge School, 1809 Bancroft Ave., from and against all liability, claims, demands, actions, loss and damage arising out of my child's participation in said program.

### Authorization of Consent to Treatment of a minor:

The undersigned, as parent or legal guardian of \_\_\_\_\_ hereby authorizes Kalen Meyer to consent to any emergency medical or hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Kalen Meyer will endeavor, but is not required, to communicate with the undersigned prior to such treatment. The undersigned further agrees that Kalen Meyer is not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to Kalen Meyer and shall remain effective until August 31, 2018.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_