



**LA GRANGE ART LEAGUE**  
**Policies, Waiver, and Release of Liability**  
**Acknowledgement**

In consideration of the La Grange Art League (LGAL) registering my child for a LGAL activity or class, I acknowledge and agree to the following policies, waiver, and release of liability:

- 1.) **Drop-off and Pick-up:** Please be sure to arrive to pick-up your child by the stated pick-up time. If you need to arrange for someone other than the registered parent or guardian to pick up your child, please send a note to class with the full name and phone number of the person who will be picking up your child that day.
- 2.) **Photo Release:** From time to time the LGAL staff will take photos of the kids' classes and group and individual photos of the children participating in the LGAL activities. These photos may be posted to our website or to social media pages. I understand that I have the right to request that my child not be photographed and must inform the LGAL of my wishes in regards to my child's participation in photography. Please inform your class instructor and send an email to [studio@lagrangeartleague.org](mailto:studio@lagrangeartleague.org) if you would like your child to be excluded from photography.
- 3.) **Behavioral Problems:** I understand that if my child is continually disruptive, is physically or verbally abusive toward the instructor or other students, or exhibits other ongoing behavioral problems during the class, that I will be notified by phone call to come pick-up my child immediately and will not receive any refund of tuition.
- 4.) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation in LGAL activities. I confirm that my child does not have any allergies or health conditions that would prevent him or her from participating in the LGAL activities and that the participant has adequate health insurance to cover the costs of treatment in the event of any injury. As snacks are sometimes provided, if your child has any known allergies, including food allergies, please list them here:

\_\_\_\_\_

5.) I, for myself and/or for my child and on behalf of my heirs, assigns, and personal representatives, hereby release and hold harmless the LGAL and all persons acting on its behalf, including its agents and employees, for injury, loss to person or property, or damage arising out of my child's use and presence upon the premises of the LGAL, whether caused by myself, my child, or other third party. I agree to defend and indemnify against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and litigation expenses which may in any way arise by my child's participation in the activities at the LGAL.

6.) **Cancellation/Refund Policy:** Classes cancelled by LGAL due to low enrollment will be offered a full refund. Student cancellations 8 or more calendar days before the start of a class will be refunded their fee less a \$15 administration fee. Fees for cancellations less than 8 calendar days before the start of a class will not be refunded unless a doctor's note is provided at time of cancellation, less the \$15 administration fee.

I have read the LGAL Policies, Waiver and Release of Liability Agreement, and by registering and authorizing the participation of my child, have accepted the terms.

Printed Parent/Guardian Name \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_  
Signed Name

Relationship to Child \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Other name and phone number in case of emergency \_\_\_\_\_