



## The Wharf Folk School & Event Center

### Child Activity Permission, Assumption of Risk, and Emergency Contact Form

Child's Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Age:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	Phone:	<input type="text"/>		
Email:	<input type="text"/>	Activity/Event Name:	<input type="text"/>		
Emergency Contact Name:	<input type="text"/>	Phone:	<input type="text"/>		
Relationship to Child:	<input type="text"/>	Activity Date(s):	<input type="text"/>		

#### 1. Parent / Guardian Permission

I am the parent or legal guardian of the child named above. I give permission for my child to participate in children's activities, workshops, classes, demonstrations, art activities, folk school programs, outdoor activities, and related events offered by The Wharf Folk School & Event Center.

I understand that activities may include hands-on making, art materials, tools, clay, paint, paper, scissors, natural materials, outdoor areas, walking surfaces, shared workspaces, food or snacks if provided, and other age-appropriate activities.

#### 2. Assumption of Risk

I understand that participation in activities involves ordinary risks. These may include, but are not limited to: slips, trips, falls; minor cuts, scrapes, burns, bruises, or irritation; contact with clay, paint, glue, tools, craft materials, or natural materials; allergic reactions or sensitivities; outdoor weather, insects, uneven ground, or lake-area conditions; emotional discomfort from group participation or new activities; and other ordinary risks associated with children's programs, art activities, public events, and community gatherings.

I understand these risks and give permission for my child to participate.

#### 3. Health Information

Please list allergies, medical conditions, medications, sensory needs, dietary restrictions, or other information staff should know:

May your child receive snacks or food if provided?                      Yes                      No

Restrictions:

#### 4. Emergency Medical Consent

In the event of illness, injury, or emergency, I authorize The Wharf Folk School & Event Center staff, volunteers, or representatives to contact emergency medical services and to seek emergency medical care for my child if I cannot be reached promptly. I understand that I am responsible for any medical costs not covered by insurance.

Preferred hospital or clinic:                       Child physician:

Insurance provider (optional):



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#### 5. Pick-Up Authorization

My child may be released to the following adults:

1. Name:	<input type="text"/>	Phone:	<input type="text"/>
2. Name:	<input type="text"/>	Phone:	<input type="text"/>
3. Name:	<input type="text"/>	Phone:	<input type="text"/>

My child may not be released to:

#### 6. Photo and Media Permission

Please choose one:

Yes, The Wharf Folk School & Event Center may photograph or record my child during activities and may use images or recordings for nonprofit communication, website, social media, grant reporting, newsletters, flyers, and public information.

No, I do not give permission for my child to be photographed or recorded for public use.

Child's name may be used publicly:                      Yes                      No

#### 7. Release of Liability for Ordinary Risks

To the fullest extent permitted by Minnesota law, I release and hold harmless The Wharf Folk School & Event Center, its board members, officers, staff, volunteers, contractors, instructors, partners, and property owners from claims arising from the ordinary risks of participation in the activities described above.

This release is intended to apply only to claims permitted by law and does not release claims that cannot legally be waived, including claims arising from gross negligence, reckless conduct, intentional misconduct, or other conduct greater than ordinary negligence.

#### 8. Parent / Guardian Acknowledgment

I have read this form and understand it. I have had the opportunity to ask questions. I understand that my child's participation is voluntary.

Parent/Guardian Signature:

Printed Name:                       Date:

Staff/Witness (if used):