



Sun Valley Museum of Art

Childs name: _____

Date of Birth: _____ Going into _____ Grade

Fathers /Guardian Name: _____

Mothers/Guardian Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Emergency contact in case parents cannot be reached:

Name: _____ Phone: _____

Relationship to Child: _____

Is your child allergic to anything? (Please list)

Any underlining medical conditions, health problems, special needs or any other information that you think would be important for us to know about your child.

Coronavirus/COVID-19 Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads through person to person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID -19 can lead to severe illness, personal injury, permanent disability, and death.

Participating in any Sun Valley Museum of Art Classes, camps, workshops or visiting the museum could increase the risk of contracting COVID 19. Sun Valley Museum of Art in no way warrants that COVID -19 infection will not occur through participation in any of its programs or while visiting its museum. SVMoA is following best practices and protocols in accordance with CDC guidelines and the state of Idaho and we are asking that all class participants, guest artists and staff abide by them.

Notification policy

As a parent and/or guardian of a child, I agree to abide by and follow Sun Valley Museum of Art protocols to help decrease the spread of virus transmission.

I understand that if my child or any other participant, staff member or instructor has tested positive for Coronavirus, COVID-19 all participating families as well as health authorities will be notified.

Refund Policy

In the case of a child being unable to attend camp based on check in questions or other symptoms compatible with COVID-19, parents can request a refund or credit for the pro-rated amount of their enrollment fee.

If a SMART ART session is canceled due to COVID-19 related illness, parents may choose to receive a refund, receive credit, or make a donation to SVMoA for the pro-rated amount of their enrollment fee.

Photo Release

I give permission for Sun Valley Museum of Art to photograph my child while participating in 2021 Summer Art Camp/Week.. The photos will be used at our discretion for general SVMoA marketing materials.

Parent or Legal Guardian Signature

Date

Travel Permission:

I hereby give permission for my son/daughter to be transported, by a contracted limo/taxi service or Mountain Rides, workshop leaders and/or Sun Valley Museum of Art staff. I recognize that in case of injury to my son/daughter, the cost of treatment is my responsibility and not the Sun Valley Museum of Art, workshop leaders or a contracted limo/taxi service or Mountain Rides. I waive and release any and all rights and claims for damages my son/daughter now, or may hereafter have, whether now known or unknown, against the Sun Valley Museum of Art, its employees and agents for any injuries suffered by my son/daughter in connection with participating in the program.

Parent or Legal Guardian Signature

Date

Liability Waiver:

We, the parents/guardians of _____ will not hold Sun Valley Museum of Art or its staff responsible for any accident or illness, including infection with viruses or bacteria that may at occur its camp. If an accident does occur, we give Sun Valley Museum of Art and its staff our approval/ permission to call 911 and to arrange emergency transportation of child to hospital and receive medical attention until we arrive. THE PARENTS OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE and all costs related to treatment.

Parent or Legal Guardian Signature

Date