



FACES WAIVER FORM

Name of Child: _____

I, the undersigned parent or legal guardian of the child listed above (herein referred to as “my child”), provide consent for my child to participate in the classes, workshops, training, outings, and/or rehearsals provided by the Arts Council for the South Shuswap Society under its programming (herein referred to as “the Arts Council”) and other affiliated organizations or companies offering various events at any facility or remote location.

I acknowledge that there are certain risks involved in the programs offered by the Arts Council. I fully understand these risks and declare that my child is safely capable of participating in these classes, workshops, training and/or rehearsals.

I do hereby release the Arts Council, its agents, owners, directors, teachers, employees or servants, whether paid or volunteer, from any liability related to injuries or accident, which may arise from my child’s participation in any class, workshop, meeting or event.

In addition, I understand and accept all of the policies regarding classes, private lessons, workshops, events and other activities for which my child is registered or scheduled.

I agree to make every attempt for my child to attend his/her class. If he or she misses a private lesson, without prior arrangement, I understand that I will be charged said class.

I understand that the Arts Council uses photographs and videos of its classes and events for promotional purposes and hereby grant the Arts Council the right to use and incorporate without compensation, in whole or in part, photographs, sound bites or video footage taken as a result of my child’s participation in the Arts Council’s activities.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Signed in Blind Bay BC this _____ day of _____, 20__