



**Studio123  
Acknowledgement of Risk 2023**

Child's Full Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Physical address: \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to participate in GallupARTS' Studio123 programming at ART123 Gallery. By signing below, I accept responsibility for the mentioned child who is willingly participating in arts education in which there are certain inherent risks and dangers. These risks may include, but are not limited to, loss/damage of personal property, illness, physical injury, or accidental fatality. I understand that although GallupARTS has taken reasonable precautions to provide a safe environment and qualified staff, it is impossible to guarantee against injury, illness, or loss resulting from participation. I understand that GallupARTS is not equipped to provide medical intervention. I further recognize that all activities are voluntary and the child may choose not to participate.

I agree that I have provided complete and accurate information regarding the child's physical and emotional health relevant to the child's participation. I understand that failure to properly notify GallupARTS of the child's relevant health information may put the child at further risk. I agree to notify GallupARTS of any changes in my child's physical and emotional health.

As the child's guardian, I expressly agree to accept and assume all risks associated with my child's participation in the program. I agree to hold GallupARTS, its employees, contractors, volunteers, directors, and affiliates harmless from any and all claims, actions, suits, proceedings, costs, damages, and liabilities brought as a result of the child's participation in the program.

I agree that the above provisions are intended to be broad and inclusive as permitted under the law of the state of New Mexico. If any portion of the above provisions is held invalid, I agree that the balance shall continue to be in effect.

**I have read the above statement and fully understand its terms**, including that I am giving up my right to sue GallupARTS. I sign this release voluntarily and intend by my signature to give GallupARTS a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Custodial Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_