

GRADES K-12 FORM

Release from Liability

If my child, _____, should become ill or injured during class at The Jacey Gallery, I understand that The Jacey Gallery will contact me immediately or the person that I have designated on the registration form if I cannot be reached. If neither party can be reached, The Jacey Gallery will contact the child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

I understand and acknowledge that I release The Jacey Gallery and its staff from all liability for any loss or damage whether on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of The Jacey Gallery, its staff or class members. I have read this form and agree to grant my child permission to participate in class activities at The Jacey Gallery located at 2821 N. Parham Road Suite 201, Richmond, VA 23294, with Release from Liability.

Signature: _____ Today's Date: _____