



STUDENT RELEASE FORM

Parent Information:

Fathers Name: _____

Mothers Name: _____

E-mail Address (one checked frequently): _____

Home Number: _____ / _____

Cell Number: _____ / _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact information:

Name of Contact: _____

Phone Number: _____

Relationship to member: _____

Comments:

Student Information:

Class Location: _____

Student Name: _____ **Age:** _____

Student Name: _____ **Age:** _____

Student Name: _____ **Age:** _____

Student Name: _____ **Age:** _____

Student Name: _____ **Age:** _____

Student Name: _____ **Age:** _____

We/I agree to hold the owner, property owners, associates, leadership and members of His Hands Creative Arts, a art instruction class, harmless from all liability for any reason whatsoever resulting from or arising out of my relationship with this group and our attendance at class. Our children are listed above this Waiver.

Signature of Parent or Guardian: _____ **Date:** _____