



ART ASSOCIATION  
OF JACKSON HOLE

240 S. GLENWOOD ST • JACKSON, WY 83001  
WWW.ARTASSOCIATION.ORG • 307.733.6379

Accident Waiver and Release of Liability  
ART ASSOCIATION OF JACKSON HOLE

In consideration for the right to participate in Art Association programs, I,

\_\_\_\_\_(Participant Name or Parent/Guardian of minor child), hereby agree to the following: I understand that any recreational and/or artistic activity involves certain risks to my personal safety and property; or the safety and property of others. I agree that it is solely my responsibility to ensure that my health is adequate and my capabilities are sufficient to participate in this activity, and I have not been advised by a qualified medical person that I cannot participate. I hereby assume all of the risks in participating in this activity. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability with or without fault. I hereby irrevocably give my permission for the Art Association to publish, reproduce or otherwise use my name, voice and likeness and/or written material, artwork, photographs, motion pictures, and audio-visual, magnetic recordings about or by myself for instruction, art, advertising, trade or any other lawful purpose. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from any event at the Art Association of Jackson Hole and the following entities or persons: their directors, employees or volunteers.

B) Waive, release and discharge from any and all liability the Art Association of Jackson Hole, their directors, employees or volunteers for potential exposure to COVID-19 or other infectious disease during said programs.

C) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any liabilities or claims made by other individuals or entities as a result of my or any actions during my participation. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation, with the understanding that every effort will be made to contact the emergency contact person set forth on this form. In such an event, I shall be solely responsible for all medical expenses associated with the medical care. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its contents.

PARENT OR GUARDIANS FOR MINORS (under 18 years of age) The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian. I understand that the foregoing Accident Waiver and Release of Liability shall apply to my child. I hereby give permission for my child to walk with his/her class and instructors to Phil Baux or Miller Park if applicable, with the understanding that every reasonable effort will be made to plan for safety on the trip. This release is in effect for one calendar year. It is inclusive for programs participated in throughout the year.

*Art Association of Jackson Hole Waiver, p. 2*

PARTICIPANT'S NAME \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_  
(REQUIRED IF PARTICIPANT IS 18 OR OLDER)

PARENT/GUARDIAN NAME \_\_\_\_\_  
(REQUIRED IF PARTICIPANT IS UNDER 18)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
(REQUIRED IF PARTICIPANT IS UNDER 18)

DATE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

ALTERNATE PHONE \_\_\_\_\_

*\*Form covers the named participant for the calendar year of the date signed. Updated 05.7.2021*