



YOUNG ARTIST'S WORKSHOP - Fall 2024

Do you love art? Are you between the ages of 5 and 18 years old?
Sign up for the *YOUNG ARTIST'S WORKSHOP* today!

The following classes will be offered during the Fall semester,
starting Friday, September 27, 2024:

Ages 5-7 yrs: *Drawing, Painting, and More*

Ages 8-9 yrs: *Drawing, Painting, and More*

Ages 10-12 yrs: *Drawing, Fiber Arts and Mixed Media*

Ages 13-18 yrs: *Drawing, Printmaking, and Mixed Media*

Where: McMaster College School of Visual Art and Design
University of South Carolina
1615 Senate Street, Columbia, SC 29208

When: Friday afternoons this fall

September 27

October 4, 11, 25

November 1, 8

With an exhibition and reception November 15th

Time: 4 pm to 5:30 pm

(We will not meet October 18th due to USC's Fall Break.)

Cost: \$100 per student

\$90 per student (if parent is USC faculty, staff, or student)

**** IN ORDER TO RECEIVE THE DISCOUNT RATE, YOU MUST PROVIDE A PHOTOCOPY ****
OF YOUR USC IDENTIFICATION CARD AT THE TIME OF PAYMENT.

Application Deadline: Wednesday, September 25th

HFFor more information please email: Alyssa Hayes, Y.A.W. Coordinator, yaw.usc@gmail.com

Y.A.W. Application Form

Name of Child: _____ Age: _____
_____ Age: _____
_____ Age: _____

Name of Parent(s) or Guardian(s): _____
Address: _____
Email Address: _____
_____ Yes, please add me to email list. (please check)
Home Phone: _____
Work Phone: _____
Cell Phone: _____

If there is **any** additional information or special accommodations that you wish to disclose in regards to your child(ren) please explain below. (ADD, ADHD, Separation Anxiety, etc.)

Payment Information:

Link for online payment portal:

https://secure.touchnet.net/C21544_ustores/web/store_main.jsp?STOREID=172

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If you are affiliated with The U.S.C., please check one of the following:
 Staff Faculty Student
(Please remember to bring your identification card, to be photocopied, for your discounted rate.)

THERE WILL BE NO REFUNDS.

Additional Information Needed

Please answer these questions about your child/the participant:

1. Does your child/participant have any allergies (including food) or a special diet we should know about prior to participating in the program and to emergency treatment?
• If yes, please explain. _____
2. Does your child/participant have any chronic conditions/illness that we should know about prior to emergency treatment?
• If yes, please explain. _____

3. Does your child/participant have any disability/special needs (visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodation?

• If yes, please explain. _____

Consent and Waiver

In consideration of my child, the participant, being permitted to participate in the above class, I, and on behalf of my child, agree and understand that:

- My child will abide by all the rules, guidelines, regulations, and code of conduct of USC and/or host/site location requirements;
- My child will be in a class with the instructors. I recognize this class is unique in that students are allowed the freedom to advance their studies without direct one-on-one supervision;
- My child may be asked to leave the class if I or my child do not abide by the rules, regulations, and code of conduct of USC and/or the host site location requirements;
- The instructor has sole authority to make decisions regarding my child's continued participation if my child's conduct or the circumstances warrant removal, dismissal, expulsion, discipline, or other action, including return to home base or permanent residence at my sole expense, without notice to me, and the forfeiture of funds, deposits, or fees;
- My child's participation in this class is voluntary;
- I recognize that my child's participation in the class carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this class and I freely assume the risks and consent to my Child's participation;
- I further declare that my Child is fit and capable of participating in the class.

Further, I, individually, and on behalf of my child, agree to:

- Complete and timely submit all necessary forms and paperwork;
- Timely pay any necessary deposits or fees;
- Confirm that my child has medical and health insurance coverage while participating in the class;
- Give the class staff the permission, in case of accident or injury, to administer standard first aid/or to arrange for transportation to a medical facility;
- Be solely and completely liable for any expenses incurred on my or my child's behalf, including, but not limited to, medical or health care expenses;
- Immediately advise the USC staff and/or host site administrators of any situation or condition that may be a potential hazard or risk of which I am aware, or of which I become aware.

Photo Release

I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:

1. Record my child's likeness and appearance on videotape, audiotape, film, photograph, or any other medium; and
2. Use my child's name, likeness, voice, and biographical material in connection with these recordings; and
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

Photographs of your child may be used on the USC webpage (Y.A.W. link), Y.A.W. Facebook Page, and/or for educational purposes only. The student will be identified by his or her first name only.

Parent Permission for Student Vehicle Use

My child has my permission to use his/her personal vehicle for the following travel purposes during Young Artist's Workshop at the University of South Carolina. The University does not provide automobile liability and/or comprehensive and collision coverage for personal vehicles.

If this does not apply to your student, write N/A here_____

Your child will be permitted to use his/her vehicle for ONLY those purposes that you check below:

Drive to and from class

Transport another participant in my child's vehicle (see below):

Please list the other participant(s) riding in your child's vehicle:

- 1.
- 2.

I, furthermore, agree that my child may only be released to the following individual(s) during the USC class. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission. If your child is riding with another participant, please indicate the driver's name below.

Name(s) / Relationship:

- 1.
- 2.

My child MAY NOT be released to the following individuals: Name(s) / Other Information

- 1.
- 2.

Please attach court or legal documents as appropriate for individuals who are not to pick up your child.

Waiver and Release of Liability

Further, in consideration for my child being permitted to participate in the class, I, on behalf of my child, and as the natural parent and/or as the legally authorized guardian, do hereby for my child, myself, my family, heirs, personal representatives, and assigns, agree to, and hereby do, release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, the members of its Board of Trustees, individually and collectively, its officers, employees, servants, agents, representatives, directors, students, volunteers, and anyone acting on behalf of the University of South Carolina, from any and all

liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me, or any person or entity acting on my or my child's behalf, arising out of, or in any way associated with, my child's participation in the class.

I warrant I am the parent or authorized legal guardian of the participant in the class, and I warrant that I am 18 years of age or older. I have carefully reviewed, and I agree to the terms of this entire document.

Participant Signature/Date _____

Parent/Guardian Signature/Date (required) _____

Emergency Contacts:

- Name: _____
- Relationship: _____
- Home #: _____
- Work #: _____
- Cell# _____

- Name: _____
- Relationship: _____
- Home #: _____
- Work #: _____
- Cell #: _____