CELEBRATE YOUR BIRTHDAY WITH THE MOSESIAN CENTER FOR THE ARTS

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ABOUT THE EVENT

We provide:

- 2 hour rental period + 30 minutes before and after event for set up and clean up
- 1 hour of visual or performing arts programming with an experienced teaching artist
- Art supplies

You provide:

- An Authorization for Emergency Medical Care and Release of Liability form completed by a parent/guardian for each child attending the party
- Decorations
- Food and drink
 - MCA is a NUT FREE building all food eaten in MCA spaces must be nut-free (includes peanuts and all tree nuts: walnuts, pecans, almonds)
 - No alcohol is allowed on site
- Parent/guardian supervision
 - Gr. K-2: at least two adults onsite
 - Gr. 3+ at least one adult onsite
 - Children must be accompanied by an adult in all parts of the building

GUESTS

- Children must be 5 yrs. and or in Kindergarten or older to participate in programming
- Maximum of 16 children per party (to accommodate more guests, please contact us)
- Host family is responsible to stay with children until they have been picked up after the event

PAYMENT

- Cost is \$350 for 2 hour party
- \$50 deposit due to secure Date/Time
- Should any damages occur to the space during the party, MCA will charge an additional fee.
- Full refund is available if event is cancelled more than 5 business days in advance. MCA reserves the right to keep \$50 deposit if event is cancelled less than 5 business days in advance.

Fire, including candles, are not allowed in our building. Thank you for your understanding.

> If you have any questions, please contact our Youth Education Director, Sarah Winters at sarahwinters@mosesianarts.org



321 Arsenal Street, Watertown, MA mosesianarts.org

Emergency Authorization

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participants of this event, hereby give permission to Watertown Children's Theatre/Mosesian Center for the Arts to seek medical treatment for the participants of this event from the closest appropriate medical practitioner or hospital available and to arrange necessary related medical transportation.

Release of Liability

Should medical attention be required to care for the participants beyond that provided by the program staff, I agree to pay any expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention will become necessary.

I hereby absolve Watertown Children's Theatre and the Mosesian Center for the Arts, including all employees, officers and trustees from all liability and will not hold them responsible for injury incurred to the participants. I hereby give my approval to the participation in this event.

I, the undersigned, have read, understood, and agree to the AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY and POLICIES information listed on this form.

I understand the above policies, and agree to the payment information listed. I agree to share the Authorization for Emergency Medical Care, and Release of Liability form with all parent/guardians of party guests, and I understand that they must complete the form to attend the party.

Name:

Date:

Signature:



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