



2019 SUMMER ART CAMP REGISTRATION FORM

CAMPER(S) INFORMATION

NAME OF CAMPER: _____ AGE: _____ GRADE ENTERING: _____

NAME OF CAMPER2: _____ AGE: _____ GRADE ENTERING: _____

NAME OF CAMPER3: _____ AGE: _____ GRADE ENTERING: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT PERSON: _____ EMERGENCY PHONE: _____

PERSON(S) AUTHORIZED TO PICK UP CAMPER:

_____ PHONE: _____

_____ PHONE: _____

_____ PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

Check Sessions You Are Registering For:

_____ **WEEK 1 : JUNE 17 -21, 2019**

_____ **WEEK 2 : JULY 29 – AUGUST 2, 2019**

EMERGENCY TREATMENT PERMISSION

In case of emergency and in the event that none of the emergency contacts can be reached, Painting With Influence will need signed authorization (below) to seek medical assistance for your child.

I give permission to the Painting With Influence, its employees and designated representatives, to use whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary by them for the care and protection of my child while under supervision of the Painting With Influence. In case of medical emergency, I understand that my child will be transported to appropriate medical facilities by a local emergency unit for treatment if the local emergency resource (police or paramedics) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child’s physician and/ or other emergency contacts acting on the parents’ behalf.

Yes No

PRESCRIPTION MEDICATION PERMISSION

I request that the medications listed below be given as prescribed by my child’s physician during the Summer Arts Camp session. I release the Painting With Influence personnel and teachers from any liability in relation to the administration of such medication. I understand that I must provide a physician’s order for the administration.

Yes No

Child and Prescribed Medications:

SPECIAL NEEDS/FOOD ALLERGIES: _____

PHOTO/SOCIAL MEDIA RELEASE:

I, the undersigned, grant Catalyst Creative, LLC d/b/a Painting With Influence, permission to use any pictures taken in public view of myself individually, my child (camper(s) listed above), or any in which I (or the camper(s)) appear in whole or in part during Summer Art Camp. I understand that these pictures may be reproduced in print and electronic media specifically to promote Painting With Influence. I waive any right to inspect or approve said pictures, or any captions or accompanying texts that may be used in connection with them, or to approve the use to which said materials may be applied.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of receiving permission from Painting With Influence (the "Art Center") to use any of its equipment or facilities or to engage or participate in or receive the benefit of any instruction or observation ("Activity") whether such Activity is organized by the Art Center or not, the undersigned User, for myself, my personal representatives, my heirs and assigns, acknowledges that I understand the nature of such Activity and that I am qualified in good health, and in proper physical condition to participate in the Activity.

I fully understand that the Activity may involve risks and dangers of bodily injury, whether caused by my own actions, the actions of others, the conditions in which the Activity takes place, or the negligence, action or inaction of the Releasees named below. I further understand that in the event of injury, all losses, costs, damages or expenses incurred by me therein must be paid by me or my personal insurance company.

With this knowledge, I hereby release, discharge and hold harmless the Art Center, its directors, officers, employees, agents, volunteers, other participants and all others (the "Releasees") from any and all claims or causes of action, both known and unknown, arising out of any negligence, omission, action or inaction, including negligent rescue operations; and I further agree to indemnify and hold harmless each of the Releasees from any loss, liability, damages, costs or expenses which they or I may incur as the result of or in connection with such claim.

By signing below, I indicate that I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it; that I have signed it freely; and that I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that should any portion of this agreement be held invalid, the balance shall continue to be in full force and effect.

If the Participant is a minor, this agreement has been signed by the Parent or Legal Guardian, who represents that they have the ability to give this waiver on behalf of the minor child, and that the child meets the physical requirements of the Activity.

REQUIRED Print Name

REQUIRED Signature Date

REQUIRED If signing for a minor, print name/s above