



ART CAMP REGISTRATION FORM

All parts must be completed and returned before your child attends this camp

STUDENT INFORMATION (Please print or type)

Name: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Child's Home Phone: _____ Emergency Phone: _____
Email Address: _____ Cell Phone: _____

Parent/Guardian #1 Name: _____
Parent/Guardian #2 Name: _____
List names of people permitted to pick up your child: _____
Health Insurance Name: _____
Are there any medical conditions to which we should be alerted? _____

Does your child have allergies (list): _____
Any allergies to food or medications (list): _____

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY:

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Art Barn ATX's Art Summer Camp program. I understand that it is the express intent of the Art Barn ATX to provide for the safety and protection of my child and in consideration for allowing my child to use Art Barn ATX facilities and equipment, I hereby forever release the Art Barn ATX, its instructors, officers, employees, and volunteers from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of the released parties. I hereby expressly and unconditionally assume all risks and dangers known or unknown, foreseen or unforeseen, and relating or incidental to my child's involvement in Art Barn ATX's Art Summer Camp program and any activity associated therewith. As legal guardian of the aforementioned person, I hereby release, forever discharge and holds harmless the released parties from and against any and all claims, damages, liabilities, costs, and expenses, including, but not limited to, illness, death, disease, COVID-19, bodily injury, or property damage of any kind or nature (collectively, the "losses"), arising out of or relating to my child's involvement participating in the Art Barn ATX's Art Summer Camp program and all activities associated therewith, including losses caused by the negligence, or alleged negligence, of the release parties. Furthermore, I agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while under the care of the released parties.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

PERMISSION TO TREAT OPTION: I hereby give my permission to Art Barn ATX's staff members to provide temporary first aid to my child in the event of injury or illness and if deemed necessary to seek trained professionals to administer medical treatment to my child, should sickness or accident occur in my absence.

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

PHOTO IMAGE WAIVER: I grant permission to Art Barn ATX to use photo or video images of my child as part of Art Barn ATX's public marketing campaigns, including print media, broadcast media and Art Barn ATX's website. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of ArtBarnATX

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

Print Name: _____