

PERMISSION FORM AND RELEASE OF LIABILITY AGREEMENT

I, individually, or as a parent/legal guardian of the named child, in consideration of the services provided by THE BUTLER COUNTY ARTS COUNCIL for the ART DAY CAMPS PROGRAM, David City, Nebraska, its agents, participants, employees, and all other persons or entities acting in any capacity on its behalf (herein after collectively referred to as "ARTS COUNCIL"), hereby agree to release ARTS COUNCIL, as follows:

1. I acknowledge and understand that participation in ARTS COUNCIL CAMP is purely voluntary, and I elect to individually participate and/or allow my child to participate. I further acknowledge that ARTS COUNCIL will provide adult supervision and instruction throughout the day camp hours from 8:30 am to 4 pm.

2. I agree to release and hold harmless ARTS COUNCIL from any and all claims, demands, or causes of action, which are in any way connected with my participation or my child's participation in camp activities or use of ART COUNCIL facilities.

3. I certify that I have adequate insurance to cover any injury or damages my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.

4. I realize that any photos taken of me or my child during ARTS COUNCIL programs become property of ARTS COUNCIL and may be used in printed literature or marketing materials. I realize there will be no compensation for the use of said photos. **If you do not want your child's photo used in marketing materials or in publicity for this art camp, please sign here**_____

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understood it, agree to be bound by its terms, and if applicable, consent to my child's participation in the ARTS COUNCIL ART DAY CAMPS PROGRAM.

Individual Person/Parent/Guardian's Printed Name_____

Individual/Parent/Guardian's Signature Date_____

Child's Printed Name &Session(s)_____ Age_____

\$10 PER 3 HOUR SESSION. Check sessions signed for:

Thursday July 27 am__ pm__ Friday July 28 am__ pm__ Monday July 31 am__ pm__

PLEASE CIRCLE YES OR NO. EXPLAIN ON BACK IF NEEDED.

Food allergies? Yes or No. List_____

Other allergies? Yes or No. List_____

Medications? Yes or No. If so, taken during workshop hours? Yes or No. Explain on back.

Medical condition to be aware of? Yes or No. List_____

Daytime Emergency contact numbers:_____ If another contact please list on back.

PLEASE CIRCLE ANY NUMBER YOU CAN BE REACHED BY TEXTING.

MAIL THIS FORM WITH REGISTRATION FORM AND CHECK MADE OUT TO BCAC.

Send to: Attn: Anna Nolan at Butler County Arts Council P.O. Box 165 David City, NE 68632