

PERMISSION FORM, RELEASE OF LIABILITY AGREEMENT & REGISTRATION

I, in consideration of the services provided by the BONE CREEK MUSEUM OF AGRARIAN ART for the ART WORKSHOP, 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 "BONE CREEK MUSEUM OF AGRARIAN ART ", hereby agree to release BONE CREEK MUSEUM OF AGRARIAN ART, as follows:

- 1. I acknowledge and understand that participation in the Art Workshop is purely voluntary, and I elect to individually participate.
- 2. I agree to release and hold harmless BONE CREEK MUSEUM OF AGRARIAN ART from any and all claims, demands, or causes of action, which are in any way connected with my participation in art workshop activities or use of facilities for the activity.
- 3. I certify that I have adequate insurance to cover any injury or damages I might 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 I may have.
- 4. I realize that any photos taken of me during the art workshop become property of BONE CREEK MUSEUM OF AGRARIAN ART 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 photo of yourself used in marketing materials or in publicity for this art workshop, 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 participation in the BONE CREEK MUSEUM OF AGRARIAN ART WORKSHOP.

Individual participating: Printed Name _____

Individual's Signature _____ Date _____

\$325 check made out to Bone Creek Art Museum is enclosed _____

Address to mail receipt for registration and other materials is:

Contact phone number _____ Email address of participant _____

Cell phone for __ texting __ phoning (check those that apply)

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.

MAIL THIS FORM with check to **Bone Creek Art Museum, 575 E Street, David City, NE 68632**
CHECK MADE OUT TO BCAM. Direct any questions to Treasurer Anna Nolan (Covault)
anolan@bonecreek.org phone or text to 402-641-6458 or phone land line 402-367-3709.