



Information and Release Form (Please PRINT Clearly – one copy required for each student)

Name _____ Age _____ Grade _____

Primary Contact: Parent/Guardian : _____ Home (____) _____ Cell (____) _____ Work: (____) _____

Emergency Contact: Name _____ Home (____) _____ Cell (____) _____ Work: (____) _____

Confidential Medical Information:

Physician's Name _____ Phone _____

Food or Medical Allergy(s) _____

Date of last tetanus shot _____ Does participant take any medications regularly? NO _____ YES _____. If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

Health Insurance Carrier: _____ Group Number _____ ID Number: _____

Does participant have any chronic medical conditions, illness or physical limitations that might inhibit the ability to participate in art classes? NO ____ YES _____. If YES please list below.

Medical Release

I hereby authorize emergency medical treatment for the above-named participant in the event of any injury sustained during participation in the ChathamArts classes. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to the above named participant at no cost to ChathamArts. The undersigned has read this medical authorization consent form and declares and affirms consent to the content herein stated. I assume all financial responsibility and waive all claims or future claims against ChathamArts, its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf for any injuries sustained by the above-named participant. I understand that if my child becomes ill or is injured and I cannot be reached, the staff of ChathamArts will direct my child to be taken to a physician, hospital, etc., as the situation or occurrence may dictate. I authorize treatment which may be advised or recommended by an attending physician.

Parent/Guardian signature _____ Date _____

Photographic Release

I authorize that photographs, videotapes and/or interviews may be taken of the above participant and that such photographs, videotapes or interviews may be published and used to promote ChathamArts. I also give permission to reproduce photographs taken of artwork for promotional purposes.

Parent/Guardian signature _____ Date _____

REQUIRED SIGNATURES VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

The safety of each participant is our highest priority. We take all reasonable precautions to ensure your physical and emotional safety. However, as in any other experience, we cannot eliminate all risk. By signing the following statements you will be acknowledging that you understand the risks of participating in public classes, assuming liability for your child's participation and certifying that your application is complete and truthful.

Acknowledgement of Risk

I understand that the public art classes take place in a public location. Any public activity, including this one, can be the cause of personal injury, property damage, illness or death.

Parent/Guardian signature _____ Date _____

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release ChathamArts, its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my or my child's participation in the ChathamArts classes. I further agree to hold harmless and indemnify ChathamArts, its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Parent/Guardian signature _____ Date _____

General Information

Children must be at least four years of age in order to be able to attend appropriate camp sessions. Only cancellations made 14 days in advance of the camp start date will receive a refund, minus a \$25 service fee per person per program. In case of insufficient registration, Chatham Arts reserves the right to cancel a program two weeks before the start of a session. In this instance, participants will receive a full refund. Snacks are not provided at this time and children are encouraged to bring their own snacks. Chatham Arts reserves the right to ask a child not to return due to behavioral problems. If a child is asked to leave our program, all fees will be forfeited and no refund will be given.