



Transforming Your Artistic Vision

## **Waiver and Release Form for Summer Camp**

### **Liability Release and Parental Consent Form**

I hereby give permission for my child to participate in Summer Camp and acknowledge the fact that he/she is competent in participating in program activities. I further understand that any of the instructors, personnel of the Demuth Foundation, and/or assistants will be in no way held liable for any accident and/or injury that may occur while at summer camp.

### **Parental Consent**

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, in case of sudden illness or injury while participating in the above activity. It is understood that the Demuth Foundation will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understand the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Emergency Contact Form for Summer Camp

\_\_\_\_\_ M/F  
Child's Name Gender Date of Birth

\_\_\_\_\_ Parent/Guardian's Name

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Primary Phone Secondary Phone

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

### Alternate Emergency Contacts

\_\_\_\_\_ Primary Alternative Emergency Contact

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Primary Phone Secondary Phone

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

### Medical Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Allergies/Special Health Conditions

## Photo Release Form

I \_\_\_\_\_ hereby authorize the Demuth Foundation to publish the photographs taken of my child/children, and their names, for use on the Foundation's website and for display in the facility. I release the Demuth Foundation from any expectation of confidentiality for the undersigned minor children and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Foundation to use their photographs and names. I acknowledge that since participation in publications and website produced by the Foundation is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Demuth Foundation confers no rights of ownership whatsoever. I release the Foundation, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

\_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_  
Date

### Names and Ages of Minor Child/Children

\_\_\_\_\_  
Name \_\_\_\_\_  
Age

\_\_\_\_\_  
Name \_\_\_\_\_  
Age

\_\_\_\_\_  
Name \_\_\_\_\_  
Age

\_\_\_\_\_  
Name \_\_\_\_\_  
Age