

## Parental Permission and Release

I, \_\_\_\_\_ (*parent's name*) as parent/legal guardian of \_\_\_\_\_ (*child's name*) hereby give my consent for participation in the Summer Arts Camp, featuring Missoula Children's Theatre, June 22—27, 2009, which is sponsored by the Watauga County Arts Council. I assume all risks and hazards incidental to participating and do hereby waive, release, absolve, indemnify, and agree to hold harmless Watauga County Arts Council, their staff, volunteers, Missoula Children's Theatre, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies are responsible for the medical condition of the participant in the space provided below.

I agree to the release of photographs of the participant for the promotion of the program or the general promotion of the programming of the Watauga County Arts Council or Missoula Children's Theatre.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number (home)

\_\_\_\_\_  
Telephone number (work)

Emergency Contact name & telephone number \_\_\_\_\_

\_\_\_\_\_  
Physician's name and telephone number \_\_\_\_\_

\_\_\_\_\_  
Allergies/medical concerns of participant: \_\_\_\_\_

\_\_\_\_\_  
List any special needs or physical limitations: \_\_\_\_\_

\_\_\_\_\_  
List any other adult (18 years or older) besides yourself who is allowed to sign participant in/out: \_\_\_\_\_

\_\_\_\_\_  
Relationship to participant: \_\_\_\_\_