

Watauga Arts Council

Summer Arts Camp, June 21-26, 2010

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 21—26, 2010, 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 (cell or work)

Emergency Contact

Name _____ Phone # _____

Physician

Name _____ Phone # _____

Allergies/medical concerns of participant: _____

Special needs or physical limitations of participant: _____

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

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____