

CAMPS

DATE: _____ Camper(s) Name: _____

One form for siblings OK, please include all names of participating siblings.

Preble County Art Association Camp Waiver

Parent/ Guardian Name(s) : _____ Relation: _____

Phone Numbers: _____

Secondary Emergency Contact : _____ Relation: _____

Phone Numbers: _____

PICK UP PERMISSION

Please list the names and phone numbers of any additional people that has permission to pick up your child.

Please list any medical conditions/special needs that may affect participation:

Please list any allergies that we need to be aware of:

Please Note: For classes or workshops inclusive of snacks, we do not serve anything that includes peanuts, nuts, or nut by products. However, many items are made in facilities that do process these items. **If food allergies are an issue, we recommend that you provide your own snack.**

SAFETY: I agree that my child will abide by all safety guidelines, including those set by my instructor and the PCAA staff. I agree to keep the Visual Art Center in clean and working order by cleaning up after myself and reporting any damaged, dirty, missing equipment, tools or supplies.

WAIVER OF LIABILITY: In consideration for the Preble County Arts Association (PCAA) making programs available to myself or my child I hereby release the PCAA, it's employees, volunteers, instructors, and agents from any and all liability, cost/expense associated with any injury I or my child may sustain while participating in any of the programs and activates. Furthermore, I hereby hold the PCAA; it's employees, volunteers, instructors, and agents harmless for any damage, loss, or claims to my person, child, or property. I assume full and all risks and responsibilities on the premises, both known and unknown. In case I cannot be reached in an emergency, I give my permission to the PCAA to select proper emergency care and treatment for my child or myself. I understand that payment must be made in full and there will be no refunds of money, either full or partial, after the first day of camp/class. I also agree to PCAA photographing my child or myself and using it in promotional materials.

Parent/Guardian Signature: _____ Date: _____