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: **We CANNOT provide snack and ask that you pack a light snack and water bottle for your child.** We also CANNOT offer the extended lunch periods between camps. We need this time to properly clean and sanitize before the next group of campers arrive.

**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 Preble Arts in clean and working order by cleaning up after myself and reporting any damaged, dirty, missing equipment, tools or supplies. Our staff will wear a mask at all times and we invite you and your child to do the same.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_