

Rowan County Arts Center Children's Art Camp

CAMPER'S NAME: _____

Sex: ____ Birthday: _____ Age: ____ Grade: ____ T-shirt Size: ____ Youth or Adult (circle)

Address: _____

City: _____ State: ____ Zip Code: _____

Parent or Guardian's Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency contact if I cannot be reached: _____

Phone Number: _____ Relationship: _____

PHOTO RELEASE STATEMENT:

During the week Rowan County Arts Center (RCAC) staff members are going to be taking pictures of the camp. These photos will be used for our website, social media and other art-centered related publicity. The RCAC will never identify the youth by name.

[] **I AGREE** to let the Rowan County Arts Center to use the pictures that my child appears in.

[] **I DO NOT AGREE** to let the Rowan County Arts Center to use the pictures that my child appears in.

Signed: _____ **Date:** _____

HEALTH AND GENERAL MEDICAL HISTORY

Please note any Activity Restrictions or Medical Conditions/History that would require special attention.

If the camper is taking ANY KIND OF MEDICATION, please list the drug and the amount.

Does your child have any allergies? _____

Does your child have any dietary restrictions? _____

I hereby clarify that the named camper is in good health and fully able to participate in all the activities of the RCAC Art Camp. My camper has no known restrictions, or any other facts, that may limit his/her from participating.

Signed: _____ **Date:** _____

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary. I further acknowledge that the Rowan County Arts Center, Rowan County Arts Promotion Foundation, Inc., Morehead-Rowan County Tourism Commission and partners shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of participation. I understand that every attempt will be made to contact me in the event of an emergency. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. I, the parent (guardian), do hereby agree to the above waiver and release.

Signed: _____ **Date:** _____