

McIntosh Art Association Art Camp Authorization & Waiver Form

Child's Name: _____ Age: _____

Comments or Special Instructions: _____

PARENT AUTHORIZATION AND WAIVER In consideration of this entry to the program offered by the McIntosh Art Association, I waive all claims which I have or may have against the McIntosh Art Association or its agents, for any injury or illness which may result from my child's participation. I further state that my child is in proper physical condition to participate in this program, as certified by a licensed physician, and has my permission to engage in all prescribed activities, except as noted by me or my child's physician. This information/health history is correct as far as I know. In the event that I or a designated emergency contact person cannot be reached for an emergency, I hereby give permission to the physician selected by the instructor to secure proper and necessary medical treatment for my child.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE I give my permission to the McIntosh Art Association to use my child's name and/or picture in any paper, broadcast, or telecast without any obligation of anyone to compensation.

Parent/Guardian Signature _____ Date _____