

# watermark art center

## WAC Health & Photo Release Form

*Please complete all pages*

### 1. Camper(s) Information

\_\_\_\_\_  
Camper one: first and last name

\_\_\_\_\_  
Camper two: first and last name

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

List all allergies:

List all allergies:

Carries an EpiPen or inhaler

Carries an EpiPen or inhaler

Health or behavior-related information that will help us provide an optimal camp experience:

\_\_\_\_\_  
\_\_\_\_\_

### 2. Parent/Guardian Information

\_\_\_\_\_  
Parent/Guardian first and last name

\_\_\_\_\_  
Primary Phone #

\_\_\_\_\_  
Secondary Phone #

\_\_\_\_\_  
Parent/Guardian first and last name

\_\_\_\_\_  
Primary Phone #

\_\_\_\_\_  
Secondary Phone #

\_\_\_\_\_  
Street Address City State ZIP Code

### 3. Emergency Contact Information (in addition to parents/guardians listed above)

\_\_\_\_\_  
First and last name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Primary Phone#

\_\_\_\_\_  
Secondary Phone #

\_\_\_\_\_  
First and last name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Primary Phone#

\_\_\_\_\_  
Secondary Phone #

### 4. Medical Information

\_\_\_\_\_  
Pediatrician or clinic name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Preferred hospital in event of emergency

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Insurance Company Policy Number Signatures required 2 pages

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MCFTA Health & Photo Release Form

### 5. Emergency Treatment Permission

In case of emergency and in the event that none of the emergency contacts can be reached, Watermark Art Center will need signed authorization to seek medical assistance for your child.

*I give permission to Watermark Art Center, its employees and designated representatives, to use whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary by them for the care and protection of my child while under supervision of Watermark. In case of medical emergency, I understand that my child will be transported to appropriate medical facilities by a local emergency unit for treatment if the local emergency resource (police or paramedics) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other emergency contacts acting on the parents' behalf.*

\_\_\_\_\_ Yes \_\_\_\_\_ No

### 6. Prescription Medication Permission

*I request that the medications listed below be given as prescribed by my child's physician. I release Watermark Art Center personnel and teachers from any liability in relation to the administration of such medication. I understand that I must provide a physician's order for the administration.*

\_\_\_\_\_ Yes \_\_\_\_\_ No

Child and Prescribed Medications: \_\_\_\_\_

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### 7. Photo Release

*In the event that students are included in any publicity involving Watermark Art Center, I give permission for my child to be photographed/video recorded and give Watermark the right to*

*publish my child's photo (with first name only or no name) and/or written or illustrated work on Watermark's website, social media or other webpages/publications related to Watermark projects. I understand that my signature at the end of this form amounts to a waiver of any claim my child or I might have against any individual(s) or Watermark Art Center due to the release of this information.*

\_\_\_\_\_ Yes \_\_\_\_\_ No

*I hereby acknowledge, understand and agree that Watermark Art Center, its directors, administrators and employees shall not be responsible or liable for any damages of any type whatsoever, including personal injury and property loss arising from any activity or occurrence described in this form unless such damage or loss is the direct result of the willful or grossly negligent act of Watermark Art Center, its directors, administrators or employees.*

*Signing below, I agree to accept the rules and regulations Watermark Art Center set forth in the Health and Photo Release Form or any other written or verbal communications from Watermark Art Center. I further confirm that I have read and agree to be bound by the terms and conditions and agreements set forth herein.*

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Signature of Parent/Guardian Date **(REQUIRED)**

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of receiving permission from Watermark Art Center (the "Art Center") to use any of its equipment or facilities or to engage or participate in or receive the benefit of any instruction or observation ("Activity") whether such Activity is organized by the Art Center or not, the undersigned User, for myself, my personal representatives, my heirs and assigns, acknowledges that I understand the nature of such Activity and that I am qualified in good health, and in proper physical condition to participate in the Activity.

I fully understand that the Activity may involve risks and dangers of bodily injury, whether caused by my own actions, the actions of others, the conditions in which the Activity takes place, or the negligence, action or inaction of the Releasees named below. I further understand that in the event of injury, all losses, costs, damages or expenses incurred by me therein must be paid by me or my personal insurance company.

With this knowledge, I hereby release, discharge and hold harmless the Art Center, its directors, officers, employees, agents, volunteers, other participants and all others (the "Releasees") from any and all claims or causes of action, both known and unknown, arising out of any negligence, omission, action or inaction, including negligent rescue operations; and I further agree to indemnify and hold harmless each of the Releasees from any loss, liability, damages, costs or expenses which they or I may incur as the result of or in connection with such claim.

By signing below, I indicate that I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it; that I have signed it freely; and that I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that should any portion of this agreement be held invalid, the balance shall continue to be in full force and effect.

If the Participant is a minor, this agreement has been signed by the Parent or Legal Guardian, who represents that they have the ability to give this waiver on behalf of the minor child, and that the child meets the physical requirements of the Activity.

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Print Name (REQUIRED)

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Signature (REQUIRED)

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Date (REQUIRED)

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If signing for a minor, print name/s above (REQUIRED)