



“I Am Creative” Summer Camp 2010 for art :: mind :: community

Camp Application/Authorization Form *Produced by TIPS On Art*

Parent Information

Mom's Name _____ Dad's Name _____

Address _____

City _____ State _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Mom Cell _____ Dad Cell _____

Emergency Name _____ Emergency Phone _____

Participant Information

Name _____

Sex _____ Birthday _____ Age (at time of camp) _____ T-shirt Size _____

Food or other Allergies _____

Special Needs or Concerns _____

Camp Hours: 9:00 AM – 4:00 PM Monday – Friday

Circle the session(s) that will be attended:

July 26-30

August 2-6

August 9-13

(1) ASSUME ANY AND ALL RISKS TO HIMSELF AND HERSELF AND/OR MY/OUR CHILDREN INVOLVED IN OR ARISING FROM OR MY USE OR MY CHILD'S USE OF OR PRESENCE AT ART

AND/OR FITNESS CAMP, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGES OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES AND PARTICIPATION AT CAMP. I/WE UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES MOTION, ART SUPPLIES OR WATER CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY,

PARALYSIS, AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT TIPS ON ART AND/OR BEING AT CAMP.

(2) RELEASE TIPS ON ART AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE AT CAMP, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY OR PROPERTY DAMAGES; WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF TIPS ON ART, OF ITS AGENTS, EMPLOYEES, OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

(3) INDEMNIFY, HOLD HARMLESS, AND DEFEND, AT MY/OUR OWN COST, TIPS ON ART, ITS AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/OUR OR MY/OUR CHILD'S PARTICIPATION AND PRESENCE AT CAMP, IRRESPECTIVE OF WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF TIPS ON ART OR ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

I have read and understand this agreement. I also understand a copy of this agreement will be made available for me at my request.

Signature of Parent(s)

Date

Signature of Parent(s)

Date