



"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 Pho | ne | |
| Participant Inforn | nation | | | |
| Name | | | | |
| Sex Birthday | Age (at tir | me of camp) | T-shirt Size | |
| Food or other Allergi | es | | | |
| Special Needs or Cor | ncerns | | | |
| 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 | |

Pay by Check/Mail to: TIPS On Art or Pay by Credit Card: call 512-692-6832 or

c/o Lou Niemeyer fax authorization form 1106 Iron Horse to 512-686-5899

Leander, TX 78641

Payment can also be accepted through Pay Pal on our website ... www.tipsonart.org.

Camp Location:

All camp activities will take place in Southwest Austin at: 6017 Abilene Trail
Austin, Texas 78749

For directions assistance, coordination & questions **DURING CAMP** weeks, please call **512.288.4897 or 512 415.2333**.

Camper(s) Tips:

Wear comfortable clothes that allow freedom of movement for dance and other physical activities. Artistic endeavors can be messy and stain clothes ... dress accordingly.

Bring:

Brown bag lunch (we provide snacks), art smock (or Dad's old shirt), swim suit, towel, sunscreen, goggles, tennis shoes, flip flops.

Questions, Comments, Concerns:

Contact Lou Niemeyer at lniemeyer08@gmail.com or 512.692.6832

Please Complete, Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. Dick Nichols Pool provides lifeguards and TIPS On Art will have our Camp Counselors there during swim time as well. However, in the event that TIPS On Art must make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize TIPS on Art to take my child to

| Dr | | | |
|---------|----------------------|-------|----|
| Address | | Phone | OR |
| | Hospital @ (address) | | |

I, the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agree to:

(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

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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 OR 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