

Frame of Mind's Creative Minds Art Camp

Time Period Requested July 5-9 July 12-16 July 19-23 July 26-30
Session Requested Morning or Afternoon
(Please be sure to circle all dates and sessions that apply)

Child's Name _____ DOB _____ Age _____ Sex Male Female

Mailing Address _____ Town _____ Zip _____

Would you like to be notified of future camps? Yes No by mail or email: _____

Will you allow photos for press release and or advertising? Yes No

Emergency Information

Parent or Legal Guardian's Name _____

Contact Phone Number _____ \or _____

Doctor's Name _____ Phone Number _____

If unable to reach parents please contact _____ Phone Number _____

Allergies (include food) _____

Any other information that you feel is important to share with us _____

Release of All Claims

In consideration of the permission granted for the named participant to take part in the named Frame of Mind Art Camp, I hereby release myself and my heirs, the Frame of Mind Art Studio, its agents, employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and/or property damages.

I recognize there may be inherent dangers in participating in Frame of Mind Art Camp activities, which may present a strain on the body, and its parts, and furthermore, I represent to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risks associated with participation in said program.

I understand that in case of injury or illness, Frame of Mind Art Camp will attempt to contact the parent or legal guardian named or the "emergency contact" named. In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to the medical facility.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

(signature of Parent or Legal Guardian)

(Date)

For Office Use Only

Amount Paid _____