

# Cherokee Arts Center

## Release & Waiver of Liability Form

This form must be filled out at time of registration

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

### EMERGENCY CONTACT (other than listed above)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### DEPOSIT INFORMATION

Money for program(s) is due at the time of registration and is non-refundable.

### PHOTO RELEASE

I hereby give consent that photographs taken of the participant during programs becomes property of these organizations to be used for public relations purposes or to copyright if they so desire. I agree to hold these organizations harmless against any and all claims and costs that may arise from reproduction of the photographs.

I agree to terms \_\_\_\_\_

I disagree to terms \_\_\_\_\_

### PERMISSION FOR MEDICAL ATTENTION

In case of accident or emergency, I grant the above organization's staff to seek medical attention for \_\_\_\_\_ and accept responsibility for costs associated with such treatment.

### PLEASE NOTE ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION

### RELEASE & WAIVER OF LIABILITY

\_\_\_\_\_ I hereby acknowledge that participation in recreational activities involves inherent risk of physical injury, illness, or loss of personal property and assumes all such risk thereby releasing the above organization, its staff and officers from any and all claims.

Parent/ Guardian Signature \_\_\_\_\_ date \_\_\_\_\_