

STUDENT REGISTRATION FORM AND PARENTAL CONSENT

Student's Name:		
Parent's Name:		
Address:		
City	State	Zip Code
Home Phone:	Cell Phone:	
Parent Email:		
Student's Email:		
In Case of Emergency	Contact:	
Emergency Contact F	°hone:	
at the bottom of this forr participate in the Art Ho Permission for my child to Shops and/or the Art Ho the following terms. I he Art House its agents and suffered by myself or my programs, and I assume that the Art House provid cost thereof will be at m <u>Photo Policy</u> : I hereby authorize and g assigns to copyright, put by the Art House in whic the Art House may use, of any and all exhibitions, p commercial art, and ad	m: (Parental signature i use programs) o participate in the Art use Summer Camp is g reby indemnify and ha employees, for any ar child arising from or ca all risk for any injuries re des no medical insuran y expense. give consent to the Art plish and display all pho h I, or my child appear or cause to be used, mo public displays, publica vertising purposes, with	given with the agreement of old harmless and release the nd all liability for injury connected with these eceived. It is understood nee for injuries and that the House its successors and otographs and videos taken rs. It is further agreed that by photographs or image for itions, flyers, brochures,
Parent's Signature:		

