

Summer Camp Accident Waiver and Release of Liability Form

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in Creative Arts Camp. This release is intended to discharge in advance the Creative Arts Camp, Thalian Association Community Theatre, its employees and volunteers from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees. Consent of the Parent or Guardian I give consent for my child, _____ to participate in the above summer program, and I execute the above liability release on my child's behalf. Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Town of Clinton will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form and agree to all its terms and conditions.

Participant Name & Date

Parent/Guardian Signature & Date

Photo Release Form for Minor Children

I, _____ hereby authorize Creative Arts Camp to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the website and/or social media. I release Creative Arts from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize Creative Arts Camp to use their photographs and names. I acknowledge that since participation in publications and websites produced by Creative Arts Camp is voluntary, neither the minor children nor I will receive financial compensation.

Signature of Parent/Guardian: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____ Name: _____

_____ Age: _____ Name: _____

_____ Age: _____ Name: _____

_____ Age: _____