

Paulding Fine Arts Association - Art Class/Camp Registration Form

Date_____

Child's Name_____ Grade_____ Age_____

Parent's Name(s) _____

Address_____

City_____, Georgia Zip_____

Phone (Home)_____

Phone (Cell)_____

Phone (Work)_____

Email _____

Special Needs/Allergies_____

Name of Class/Camp _____

Day/Dates of Class/Camp_____

Time of Class/Camp_____ Cost of Class/Camp_____

Instructor of Class/Camp _____

People other than parent who can pick up my child *and* their contact number

PHOTO RELEASE

From time to time, the student that is registered in a class may be photographed or videotaped by a PFAA member. These images may be used on our website, facebook page, newspaper, brochure, presentation or TV without compensation from or liability on the part of PFAA, its agents and or employees/members.

Photo Release agreement_____

HOLD HARMLESS RELEASE AGREEMENT

Permission to provide EMERGENCY MEDICAL TREATMENT

I authorize the staff of the PFAA to organize any required medical or first aid procedure, or to take the undersigned student to the hospital emergency room for treatment. I understand that every effort will be made to notify the parent or individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless the PFAA, and all parties affiliated with the PFAA, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services actions and caused of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularity on account of all personal injury, disability, property damage, loss or damage of any kind sustained or that may hereafter be sustained arising out of the matters described herein. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Participants Name_____

Participant/Parent Signature (if under 18)_____