

Camper 1's Name:

Camper 2's Name:

Camper 3's Name:

**Taft Museum of Art
Summer Art Camp, Summer 2019
Release, Waiver of Liability, and Indemnity Agreement**

Participant's Name *(please print)* _____ Birth Date _____

Parent / Legal Guardian Name(s) *(please print)* _____

Are there any concerns regarding restricted activities / special considerations/allergies? No _____ Yes _____

(if yes, please explain) _____

Parent / adult / legal guardian authorized to pick up my child. Please include siblings, spouse and/or yourself.

Name	Relationship to the child	Phone Number

Authorization to Participate (please initial)

- Yes _____ No _____ I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking or leased bus.
- Yes _____ No _____ I give my permission for my child to use all of the equipment and participate in all activities of the program.
- Yes _____ No _____ I give my permission for the camp to provide routine health care and seek emergency medical treatment.
- Yes _____ No _____ I give my permission for my child to be included in pictures, newsletters and marketing pieces associated with the program and the Taft Museum of Art.

The undersigned hereby releases and waives the Taft Museum of Art, its directors, officers, employees and agents from all liability to the undersigned, his personal representatives, heirs and next of kin for any loss or damage, and any claim or demand on account of injury to the person or property or resulting in death of the undersigned, while the undersigned is in or about the premise or facility or equipment or participating in any program affiliated with the Taft Museum, without respect to location.

The undersigned agrees to indemnify, release and hold harmless the Taft Museum of Art, its directors, officers, employees and agents from any loss, liability, damage or cost they may incur due to the presences of the undersigned in or about the Taft Museum of Art premises or using any facilities or equipment of the Taft Museum of Art or participating in any program affiliated with the Taft Museum of Art.

The undersigned assumes full responsibility for and risk of bodily injury, death or property damage while in or about the Taft Museum of Art and /or while using premise or any facility or equipment or participating in any program affiliated with the Taft Museum of Art.

The undersigned has read and fully understands the release, waiver of liability and indemnity agreement.

Parent /Legal Guardian signature _____ Date _____

Camper 1's Name: _____

Camper 2's Name: _____

Camper 3's Name: _____

Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Email address: _____

Phone #s: Home (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Other (_____) _____ - _____

Children's Names	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Or contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Physician's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Camper 1's Name:

Camper 2's Name:

Camper 3's Name:

Primary Insurance Company: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder.s Name: _____

Address: _____

Relationship to child/children: _____

ID #: _____ Group/Policy #: _____

Secondary Insurance Company: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder.s Name: _____

Address: _____

Relationship to child/children: _____

ID #: _____ Group/Policy #: _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

SEND COMPLETED FORMS TO: Erin Holland, Taft Museum of Art

- Scan and send as an email attachment: eholland@taftmuseum.org
- OR by US MAIL: Erin Holland, Taft Museum of Art, 316 Pike St., Cincinnati, OH 45202