

# Participant Release Form

## Contact Information

Full Name of Participant	
Date of Birth	
Emergency Contact Name	
Emergency Contact Phone Number	
Primary Care Doctor/ Phone	

## Acknowledgement of Risk and Waiver

As legal guardian of , \_\_\_\_\_ I hereby consent to the aforementioned person participating in Art classes or private lessons with Created Ministry. I understand that it is the express intent of Created Ministry to provide for the safety and protection of my child and in consideration for allowing my child to use Created Ministry facilities and equipment, I hereby forever release Created Ministry, its instructors, assistants and volunteers from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of the released parties. I hereby expressly and unconditionally assume all risks and dangers known or unknown, foreseen or unforeseen, and relating or incidental to my child's involvement in Created Ministry Art Camp program, art classes, private art lessons and any activity associated therewith. As legal guardian of the aforementioned person, I hereby release, forever discharge and holds harmless the released parties from and against any and all claims, damages, liabilities, costs, and expenses, including, but not limited to, illness, death, disease, COVID-19, bodily injury, or property damage of any kind or nature (collectively, the "losses"), arising out of or relating to my child's involvement participating in Created Ministry classes or lessons and all activities associated therewith, including losses caused by the negligence, or alleged negligence, of the release parties. Furthermore, I agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while under the care of the released parties. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

**PARENT OR LEGAL GUARDIAN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PERMISSION TO TREAT OPTION:

I hereby give my permission to Created staff members to provide temporary first aid to my child in the event of injury or illness and if deemed necessary to seek trained professionals to administer medical treatment to my child, should sickness or accident occur in my absence.

**PARENT OR LEGAL GUARDIAN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PHOTO IMAGE WAIVER:

I grant permission to Created Ministry and staff to use photo or video images of my child as part of Created public marketing campaigns, including print media, broadcast media and Created Ministry website. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Created Ministry but available on request.

**PARENT OR LEGAL GUARDIAN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_