

PARTICIPANT WAIVER | Art Studio For Children (ASFC) Art Camp

(RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT)

In consideration of participating in ASFC Art Camp, I/my minor child or ward, (print name of participant legibly)

_____, represent(s) that I understand the active nature of camp. I fully understand that this type of event involves risks of injury and serious bodily injury, including permanent disability, paralysis and death, which may be caused by my minor child or ward's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me/my minor child or ward or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I/my minor child or ward may incur as a result of my/my minor child or ward's participation in the event, except for losses, costs and damages that are the result of the gross negligence of others.

I hereby release, discharge, and covenant not to sue ASFC, Nancy Macdonald, their administrators, directors, agents, officers, volunteers, approved drivers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the event takes place or utilizes, from all liability, claims, demands, losses, or damages on my account, except for any liability, claims, demands, losses, or damages caused by gross negligence.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I/my Parent/Legal Guardian have/has given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant /Signature of Participant (only if age 18 or over)
or Legal guardian _____

Signature_____

Date:_____

Advertising and Promotion

ASFC and Nancy Macdonald, have my permission, (both during and anytime after), to use my (or my minor child/ward's) likeness, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of ASFC, and/or applying for funds to support these purposes and activities, I further waive any current or future right to seek compensation for said use.

Printed name of participant

_____ Age: _____

Signature of Participant (If Age 18 or older)

Signature of Parent/Legal Guardian

Date:_____

Cottage Art Studio Programme Registration and Medical Information

Name of Programme(s) applied for:

Date(s): _____

Section 1: Personal Information

Name: E-mail: _____

Complete Mailing Address: _____

Phone #: home: _____

alternate (bus/cell) _____

Emergency Contact Name: _____

Emergency Phone #: _____

May we use your child's picture and/or comments to promote our programmes?

Yes No, please don't

Section 2: Medical Information

O.H.I.P. # (for Ontario residents) _____

Last Tetanus Injection: _____

Doctor's Name: _____

Phone #: _____

Do you have any chronic disability or illness? (ie. Heart condition, susceptibility to cold, dislocations, headaches, epilepsy, asthma, diabetes, etc.) yes _____ No _____

List any allergies (food, drug, environmental, etc.) and their severity. Please explain the measures we need to take in case of reaction:

Describe any other physical, social, medical or emotional conditions that may prevent you from participating fully in the programme: _____

What medication is your child currently taking?: _____

Are there any dietary restrictions we should know about?

Parents'/Guardian's Medical Authorization for Participants under 18

Registration, medical and waiver forms have been completed correctly to my knowledge and the person described on them has permission to engage in the full Cottage Art Studio programme, except as otherwise noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician in attendance to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named above.

Signature of Parent/Guardian: _____ Print name: _____

Date: _____

Art Studio for Children Art Camp

Directions for Lake Simcoe Camp

HWY 400N to HWY 11 North towards Orillia

After Barrie, you begin to pass ORO lines

Turn (R) off highway at Oro line 13

Follow this straight until 3rd possible left hand turn which is Shoreline drive- take this (L)

We are on the right hand side (lake side) #119 Shoreline Drive.

Phone #: 1-705-325-4876 (cottage)

My cell: 416-662-0047

Mailing address:

119 Shoreline Drive

Hawkestone, L0L1T0

Directions For Ravenna Area Camp

As the location is remote and GPS can struggle with the exact location, please use the ROOST Wine Company on the 10th Line as we are .3km south of there. The farm address is 415719 10th Line, Clarksburg.

My cell 416-662-0047

Packing List

Please send them with less rather than more

2 prs Shorts,

2 t shirts,

4 prs underwear

1-2 prs socks

1 sandal/ flip flop

water shoes (if you have them)

1 sweatshirt and sweats or onesie p.j.s & bathrobe

1 stuffy

toiletries -bug spray and sunscreen running shoes

pillow, sleeping bag

1 sun cap

a book for reading, a journal for writing, a game they love

2 bathing suit 1 beach towel

1 Life jacket (only if child is a weak swimmer)

yoga mat/gear is optional.

1 painting smock/old T or shirt of Dad

1 white item for tie dye (white jeans, shorts or otherwise)

1 toddler picture for 'guess who I am' game

Lice Checks

Two lice checks will be required one week and 24 hours before camp begins. This can be done by a third party or the parent (if they are educated/ familiar with how to do this) If your child is found to have lice, you will have to have them treated at camp, at your own expense, or they will be required to return home. We do not have the manpower to treat for lice.

Drop off/Pick up

Drop off is between 6:30 am and 10 am Mondays and pick up is 5:30 pm on Fridays. There will be a one hour Gallery Walk and presentation at pick up. You can expect to leave by 6:30 pm.

Communication

We recommend you mail (or drop of to me on arrival) 2 letters for your camper. We distribute these on alternate days and “mail” is a fun part of camp.

I will check my email at QT and before dinner and at 10:30 pm. If there is a message for your child or you need to contact me for anything, that is a good way.

With all camps, we strongly discourage direct communication with your child. We will distribute your letters during camp. We work hard at being in the moment!