

**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 Ravenna Area Camp

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

1 sweatshirt and sweats or onesie

p.j.s & bathrobe

1 stuffy

toiletries -bug spray and sunscreen

running shoes

pillow, sleeping bag and flat sheet.

1 sun cap

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

2 bathing suits

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's

1 item for fabric paint or embroidery (jeans, jean shorts or otherwise)

1 picture of your artist with their family

## **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 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 6:30am (in the event you are in Collingwood and need to leave early for the city) and 10am Mondays and pick up is 5:00 pm on Fridays. There will be a one-hour Gallery Walk at pick up. You can expect to leave by 6:00 pm.

## **Communication**

We recommend you 'mail' (drop off 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 the best way.

With all camps, we strongly discourage direct communication with your child. We will distribute your letters during camp.

This, like most camps, is wireless camp. No iPads, no iPhones, no iPods. We work hard at being in the moment!