



Art Camp 2023 Permission and Waiver

Parent/Guardian: Please read and initial all statements listed below.

I hereby give permission for my child _____ to participate in all activities for the MCMA Art Camp Program being held at the Marietta/Cobb Museum of Art. _____(Initial)

I hereby give permission for my child, _____, to leave the MCMA building for lunch and/or art projects under the supervision and accompaniment of the Art Camp Instructor and staff. _____(Initial).

I hereby release and hold harmless the MCMA, its staff, its representatives and/or agents from all liabilities and any mishaps that may befall my child _____ including, but not limited to, the activities in the classroom or outside the Museum facility. _____(Initial).

I hereby acknowledge that I have read, understand and agree with all of the above statements. Signed and dated on _____, 2023.

Parent/Guardian Signature

Printed Name

Child's Full Name

Child's Age

Emergency Contact name

Relationship

Emergency Phone Number

Emergency Contact name

Relationship

Emergency Phone Number

Please specify any medical conditions and/or needs which MCMA should be aware of (i.e. medication, physical limitations, sensory needs, behavior, etc). All information shared here is considered private and will only be shared with the appropriate Art Camp staff members.

Photo Release Form

Permission to Use Photograph:

I grant MCMA the right to take photographs of my child, myself, and/or family members in connection with MCMA Art Camps. I authorize MCMA, its assigns, and transferees the right to copyright, use, and publish the same in print and/or electronically. I agree that MCMA may use such photographs for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and web content.

I have read and understand the above.

Name of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____

Printed Name of Child _____