

**Lamont Art Camp 2024 – Parental Consent Form**

**Step 1 – Needs to be submitted with registration form**

**REGISTER ONLY ONE CAMPER ON EACH FORM – Please make additional copies if you have more children**

Name of sponsoring Organization: Lamont CRC – 4775 Leonard St. Coopersville, MI 49404 Telephone: 616 677-1323

Sponsoring Director: Glynda Langeland Telephone: 616 997-9487

Description of Activity: Art Camp Dates: June 12-15-2023

**Participant Information (to be completed by participant or authorized guardian)**

Name of participant (camper): \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Street Address: \_\_\_\_\_ City Address: \_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_ Parent/Guardian Land Line: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Emergency contact Telephone (Day): \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant (camper) covered by Personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_ Policy or group number: \_\_\_\_\_

**Participation Agreement**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I release any rights to photos that may be taken of my child while at Art Camp.

I give permission for my child to be transported as needed to classes off church property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_