

ARTwithHEART Summer Camp 2010—Consent Form

Child's Full Name _____

has permission to participate in **ARTwithHEART Summer Camp(s)** 2010 at North Decatur United Methodist Church (NDUMC).

In the case of medical emergency during camp, I understand that reasonable efforts will be made to contact parents/guardians of the child. In the event that neither I, the child's other parent/guardian, nor the emergency contact person listed on the Emergency Form on file cannot be reached—I hereby grant camp directors, care providers, or other volunteers present to select a physician, to hospitalize, to secure proper treatment, and to order injection, anesthesia, or surgery for my child named above.

I hereby give permission for photographs and/or video of my child to be used by North Decatur United Methodist Church to promote ARTwithHEART.

TO THE EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY RELEASE ARTwithHEART AND NDUMC, ITS SUCCESSORS, ASSIGNS, EMPLOYEES, CONTRACTORS, MEMBERS AND VOLUNTEERS FROM ANY AND ALL LIABILITY ARISING FROM PMO, EXCEPT IN THE CASE OF INTENTIONAL MISCONDUCT OR GROSS NEGLIGENCE.

In addition to the parent(s) listed on the camp registration form, the following additional person(s) are authorized for child pick-up:

Parent's Printed Name

Date

Parent's Signature