



## 2017 JMU Summer Art Program Release Forms

Dear Parent/Guardian,

Thank you for enrolling your child(ren) in the JMU Summer Art Program. Please fill out all sections of the form and bring it with you on your first day of the art program. You will be asked for your signature once, but your initials several times. If you have any questions regarding our method of documentation, field trips, pick-up procedures, or medical issues, I can be reached at 540.568.4304.

Sincerely,  
Karin Tollefson-Hall  
Coordinator, JMU Summer Art Program

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Child's Name

Parent(s) Name

### Authorized Pick-Up & Permission to Release

I hereby authorize the teachers and staff of the JMU Summer Art Program to release my child to any of the following persons (other than parents). CHILDREN WILL BE RELEASED ONLY TO PERSONS WHOSE NAMES APPEAR ON THIS LIST.

Name	Relation	phone # (home & work)
1.		
2.		
3.		

### Photo Release

As part of the documentation of the program we produce imagery for advertisements, grant applications, and research directives aimed at classroom instruction. We use digital photos to collect data related to art education content and instruction. Please **INITIAL ONE LINE** below.

\_\_\_\_\_ I recognize that my child may be visible in a photograph as part of the process of recording teacher instruction or the registration process. I grant permission that imagery collected during this process may be used for program documentation, advertising, and/or research directives.

\_\_\_\_\_ I request that any and all imagery collected during the recording process not include representation of my child. I request that steps be taken to insure that my child not be visible in any photographs.

### Field Trips

Many of our instructors take advantage of the JMU campus to teach relevant portions of their class. If you feel there is anything that we need to know or do not feel that your child can participate in an outdoor activity, please mark below. If a class takes a trip that is off the JMU campus or requires a bus, we will send home a separate permission form. For on-campus trips, please **INITIAL ONE LINE** below.

\_\_\_\_\_ I give permission for my son/daughter to participate in on-campus field trips.

\_\_\_\_\_ I do not want my son/daughter to participate in on-campus field trips.

\_\_\_\_\_ I give permission for my son/daughter to participate in on-campus field trips, but need the instructors and assistants to know the following: \_\_\_\_\_



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## Medical Release/Permission Form

Child's Name \_\_\_\_\_  
Name Preferred \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Insured's name \_\_\_\_\_  
Allergies \_\_\_\_\_

\*\*\*\*\*Summer Art teachers and staff will not administer medications to participants.

## Parent/Guardian Information

*If parents live at different addresses, list both, and indicate which is the primary residence*

Name \_\_\_\_\_  
Address(es) \_\_\_\_\_  
\_\_\_\_\_   
Home phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Emergency contact if Parent/Guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## Parent/Guardian Authorization

**PARENTAL CONSENT:** I give full permission for my child to attend **Summer Art** held at the James Madison University on the dates of **June 19 to 23, 2017**.

**MEDICAL RELEASE:** I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

**WAIVER OF LIABILITY:** I agree to indemnify, release and hold harmless Summer Art, James Madison University, the State of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the aforementioned camp and related camp activities.

**Parent/Guardian**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*By signing the above, I authorize all initialed sections of this form\*\*