

Emergency Information

Child's Name: _____ **Date of Birth** _____

Who is to be contacted first in case of an emergency: _____

Mother's Information

Father's Information

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Authorized Person(s) to Act for Parents in an Emergency:

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Please list any additional people on the back of this form

Authorized Person(s) to Transport (i.e. carpools pick-up) your child:

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Please list any additional people on the back of this form

Child's Physician: _____ **Phone:** _____

Allergies (Food, Medications, etc.): _____

Emergency Medical Permission

We understand that the Carnegie Visual Arts Center will take every precaution for the safety of our child. In the event of an accident, we do hereby authorize the Carnegie Visual Arts Center Staff to give minor first aid or to obtain emergency medical care for our child if attempts to contact us are unsuccessful.

Date: _____ **Parent/Guardian's Signature:** _____

Name of Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____

Camp Carnegie Permission Forms

The intention of the Carnegie Visual Arts Center is to provide a well-rounded and exciting art education experience for all students in the Daikin America Education Center. From time to time, opportunities will present themselves to experience art activities off of the Carnegie Campus. For such "field trips," the CVAC requests that all students (or parent/guardian) read and sign the following statement.

I, _____ give the CVAC permission to transport, in the most appropriate manner, my child _____ for field trips related to the art education activity in which he/she is currently enrolled. I further agree to indemnify and save harmless the CVAC Board of Directors and all its agents, servants, and employees from and against any and all loss, cost, expense, or damage, including reasonable attorney's fee, caused by injury to person or property while in or about the facility or on CVAC sponsored field trips during the time period stated below.

Signature of Parent/Guardian

Date

CVAC Activity Enrollment

Enrollment Dates

The CVAC is a public facility and, as such, open to the media for news reporting and photography of events at the CVAC. Please sign below and indicate your permission or denial thereof for the use of photographs of you or any minor child for whom you are the parent or legal guardian.

I, _____ give my permission for my child _____ to be photographed during CVAC activities. I understand that these photographs may be used for publicity purposes and may appear in the media including newspapers; television, Internet publications or other printed marketing materials.

Signature of Parent/Guardian

Date

_____ No photographs may be taken of my child to be used in promotional materials.

Signature of Parent/Guardian

Date

CARNEGIE VISUAL ARTS CENTER
Waiver & Release

STATE OF ALABAMA)
)
COUNTY OF MORGAN)

In consideration of being allowed to participate in yoga exercise activities at the Carnegie Visual Arts Center “CVAC” and related events and activities, the undersigned, for myself, my personal representatives, assigns, heirs and next of kin agrees to the following:

1. I acknowledge and agree that I am age 19 year of age or older, or that my parent is executing this form on my behalf, and on behalf of my personal representatives, assigns, heirs and next of kin, and agrees for me as follows.
2. Prior to engaging in physical exercise activities, I understand that I should be examined by my personal physician and have my physician approve my participation in such activities and I acknowledge that I have obtained such approval or voluntarily waive my right to do so.
3. I acknowledge and fully understand I will be engaging in physical exercise activities that may involve risk of serious injury and social and economic losses which might result not only from my own actions, inactions or negligence, but also the actions, inactions, or negligence of others, the specific exercise activity undertaken, the condition of the premises or of any equipment used for such activities. Further, there may be other risks not known or not reasonably foreseeable at this time.
4. I assume all of the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any damages, injury, disability or death incurred. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation in the activities, if such medical treatment is available, however I understand that the CVAC has no duty to provide medical treatment to me or make such medical treatment available and I hold the CVAC harmless for the lack of providing any medical treatment I may require.
5. I acknowledge and understand that in participating in the yoga exercise activities or related activities at the CVAC I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the CVAC and/or assigns.
6. I RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Carnegie Visual Arts Center, and its officers, directors, employees, and volunteers, and their respective personal representatives, assigns, heirs, next of kin, successors, insurers, and the owners and lessors of the premise used to conduct the yoga exercise activities (collectively, the “Releasees”), from any liability for any and all claims, demands,

losses, expenses or damages on account of damage or injury caused or alleged to be caused in whole or in part by my participation in the yoga exercise activity, whether caused by the negligence of the Releasees or otherwise. I further agree that if, despite this release and waiver of liability, assumption or risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against one of the Releasees as a result of my participation in the yoga exercise activities at the CVAC, I or my undersigned parent WILL INDEMNIFY, SAVE, and HOLD HARMLESS each of the Releasees from any expenses, attorney fees, loss, liability, damage or cost which any of the Releasees may incur as a result of such claim or demand.

- 7. This waiver shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I HAVE READ THE ABOVE WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW AND AGREE THAT IF ANY PORTION OF THIS WAIVER AND RELEASE IS HELD INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Name: _____ Date of Birth: _____

Parent's Name (If Signing for Minor): _____

Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____

Signature of Participant or Parent of a Minor Participant Agreeing to the Above Terms:

SIGNATURE