



ART CAMP 2023 Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the ART CAMP 2023, sponsored by the Sault Area Arts Council (SAAC) and the Michigan Arts and Culture Council (MACC).

I understand that camp activities could include play and outdoor activities in and near the Bay Mills Cultural and Language Center grounds, hikes and walks in the woods wherein there could be mosquitoes, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities (keeping in mind that we will be painting and working with clay on some days), and to provide insect repellent and sunscreen for my child to use at camp. I will not expect the Sault Area Arts Council (SAAC) to provide these items. I give my permission for ART CAMP leaders to apply or assist with the application of the repellent and sunscreen I provide.

I understand that SAAC may, at its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any ART CAMP employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that SAAC is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of SAAC volunteers, employees, trustees, directors, or officers.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of SAAC, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity.

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE SAAC, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The SAAC, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly)

_____ Age: _____

Parent/Guardian Printed Name (Please print legibly)

Parent/Guardian's Signature: _____

Date: _____



Photo Permission Form

Please check and sign **ONE** of the options below:

_____ I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

Parent/Guardian's Signature: _____

Date: _____

_____ I do NOT wish my child to be photographed for any purpose.

Parent/Guardian's Signature: _____

Date: _____