

Waukesha Community Art Project, Inc. Registration Packet
Medical and Emergency Contact Form 2016-17

Student Name _____ D.O.B. _____

School Attending _____ Grade _____

Home Address _____

Student Cell Phone _____ Student Home Phone _____

Parent(s) or Legal Guardian(s) _____

Address-(if different from above) _____

Parent Cell Phone _____ Work Phone _____

Parent e-mail _____

If my child becomes ill or is injured and I cannot be reached please call:

Name _____

Phone _____ Relationship to Participant _____

Name _____

Phone _____ Relationship to Participant _____

Known Allergies _____

Health concerns _____

Signature (Parent/Guardian) _____

Date _____

WAUKESHA COMMUNITY ART PROJECT, INC.

CONSENT FOR MEDICAL TREATMENT

With full knowledge of the risks of injury in the production of art, I hereby authorize the following persons to administer emergency medical treatment to my child, _____ (print full name) the Registrant, for any injury or other medical emergency while producing art or otherwise participating in activities conducted by Waukesha Community Art Project, Inc. ("WCAP"): All employees or volunteers of WCAP and the officers and/or directors of WCAP or the sponsoring organization providing the facility. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This Consent for Medical Treatment is in effect from the date it is signed below through July 1, 2017 and shall be interpreted under Wisconsin law.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact WCAP to discuss any questions I had about the above Release and Consent.

Dated: _____

Signature of parent or legal guardian

Print name

WAUKESHA COMMUNITY ART PROJECT, INC.

RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____ (print full name), the "Registrant," recognizes that the production of art involves the use of sharp objects and chemicals and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to, cuts, fractures or allergic reactions while producing art. The undersigned parent or legal guardian of the Registrant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to this activity including the negligence or misconduct of the other participants, volunteers, or officers or directors of Waukesha Community Art Project, Inc. ("WCAP"). With full knowledge of the above-referenced risks, and in consideration for WCAP accepting the Registrant in its art program, and pursuant to the recreational assumption of the risk statute, sec. 895.525, Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify WCAP and its staff, directors and officers, facility sponsors and their directors and officers and any of their facilities utilized for art as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parents or legal guardians.

If you have any questions regarding any of the provisions of this Release, or otherwise wish to discuss or negotiate about any of the provisions of this Release, please contact WCAP's Executive Director. Please note that the Registrant shall not be permitted to participate in any WCAP sponsored program unless and until this form is signed and returned to an authorized WCAP representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both you and WCAP'S Executive Director.

This Release shall remain in effect from the date it is signed below through July 1, 2017 and shall be interpreted under Wisconsin law.

Dated: _____

Signature of parent or legal guardian

Print Name

Permission for Walking Field Trips

_____ (Student's name) has my permission to go on walking field trips with the Waukesha Community Art Project, Inc educational programs. I understand that all program participants will be well supervised, and that some walking field trips may be organized with out parent notification. All walking field trips will begin and end during the program hours, and will begin and end at Waukesha Community Art Project location 820 N. Grand Ave.

This Release shall remain in effect from the date it is signed below through July 1, 2017 and shall be interpreted under Wisconsin law.

Parent Signature

Date

MEDIA CONSENT

Social Media has become a big part of our society today and is a great way of creating, sharing and exchanging all different kinds of information. The Waukesha Community Arts Project, Inc. is using these great tools to reach out to the community and those who have a similar mission to ours. The Waukesha Community Arts Project, Inc. is currently using Facebook, Twitter, Instagram, our own website and has also been featured in the news. We feel these are all an easy way to stay connected, show people what we are currently doing and increase support and awareness of the Waukesha Community Arts Project.

I, _____, **consent** **do not consent** (circle one) to be photographed, videotaped, audio-taped and, or interviewed by the news media while participating in the Waukesha Community Arts Project, Inc. after school program.

I, _____, **consent** **do not consent** (circle one) to allow my artwork to be posted on the Waukesha Community Arts Project, Inc. website or one of the forms of social media we use.

I, _____, **consent** **do not consent** (circle one) for an image of myself to be posted on the Waukesha Community Arts Project, Inc. website. No names will be used, only photographs.

I, _____, **consent** **do not consent** (circle one) for an image of myself to be posted on the Waukesha Community Arts Project, Inc. Facebook, Twitter or Instagram sites. No names will be used, just photographs.

I agree to hold harmless and release Waukesha Community Arts Project, Inc., its members, officials, agents, and employees from and against all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of, or by reason of, or be caused by the use of my image on television, radio, internet, motion pictures or in the print media.

Participant Name _____

Parent/Guardian _____

Date _____