

KIDS ARTFEST RELEASE FORM

Date _____

Student's Name _____

2nd Student's Name _____

3rd Student's Name _____

Name of Parent/Guardian _____

Address _____

Home Phone _____ e-mail _____

Emergency Contact (parent available) during the five hour period: Cell Phone _____

Does your child have allergies to any art materials and or foods? (e.g. papier mache) _____

Our young artist is expected to conduct themselves in a manner that maintains a safe, creative atmosphere while showing respect for others and their work. Any actions or attitudes inconsistent with these guidelines will result in that artist's parent being called.

Students must bring their own lunch and snacks. Water will be provided.

Workshop will be held downstairs: Suite D, Parking will be in the rear of the building.

I give permission for MAG to photograph my child and/or my child's artwork to use in future promotional materials for MAG.

Contact: **MOUNTAIN ARTISTS GUILD, 445-2510.**

Signature _____ Date _____

Guardian agrees to hold Mountain Artists Guild harmless against any injury that may occur on and/or off the premises.