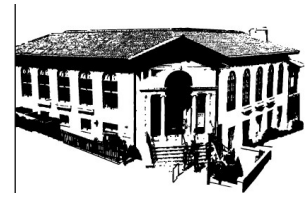


YOUTH Parent Permission Form

PENDLETON
CENTER
for the **ARTS**



Student Name: _____ Age _____ Grade _____

Address: _____

Phone: _____ Parent/Guardian Email: _____

Parent/Guardian name: _____ Phone (h) _____ (w) _____

Address (if different from above): _____

In case of emergency please notify: _____

Relationship to student: _____ Phone (h): _____ (w) _____

Physician's Name: _____ Phone: _____ Hospital: _____

Please list any allergies or food limitations: _____

Please list any medical conditions or limitations we should be aware of: _____

Other special considerations or concerns: _____

I give permission for the Arts Council of Pendleton staff, instructors, or volunteers to seek emergency medical assistance in the event that they are unable to reach me (circle one): **YES NO**

I give permission for this student to leave the building on walking field trips (circle one): **YES NO**

This student has permission to walk home (circle one): **YES NO**

The Arts Council of Pendleton has permission to use this student's picture for any broadcast, tele-broadcast, Internet or print media purpose (circle one): **YES NO**

Informed Participant Consent

I, the parent or guardian of the above name participant, understand the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Arts Council of Pendleton. I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify, and hold harmless the Arts Council of Pendleton, its employees and agents from any liability for injury whether to person or property of the participant. In case of personal injury to participant, I hereby waive any and all claims against the Arts Council of Pendleton, its employees and agents.

Parent/Guardian Name (please print): _____

Signed: _____ Date: _____