

CW 2023 ART & CLAY CAMPS PERMISSIONS & POLICIES

CHILD'S NAME _____

Please return completed forms (all three pages) to the Creative Workshop office with payment to register a student for Art Day Camp or all-day Clay Camp. Forms can be accepted in person or through the mail. Registrations will not be processed without a completed registration form.

Creative Workshop, Memorial Art Gallery, 500 University Avenue, Rochester, NY 14607
Phone 585.276.8959 Fax 585.276.8960

Please let us know if you would like a receipt with a tax ID number.

Parents please note: If you are enrolling more than one child, and the information on pages 6 and 7 is identical, you do not need to fill out those pages more than once. **You do, however, need to fill out page 8 (the registration form) for each child.**

1. Statement of Risk and Liability, Certificate of Health Emergency Waiver (required)

In consideration for allowing _____ to participate in this Creative Workshop program I, as his/her parent/guardian represent and affirm to the University of Rochester that:

1. I understand that participating in any activity involves a risk of injury or harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the Program.
3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating in the Program.
4. In the event of the Program's inability to locate me, or the emergency contact designee, I give permission to the Program Authorities to take such emergency measures, as they deem appropriate until such time as emergency contact designee or myself can be contacted.
5. I will not hold the University, its employees, and agents responsible for any injury or other harm that results from Program participation.

2. PHOTO PERMISSIONS & PUBLICITY

This includes class photos and videos for our website and other MAG-related events. Students participating in various sessions may have opportunities to speak about their experiences in the program to the media during classes and presentations.

- I, the undersigned, give permission for the use of any photos, movies, audio, or video tapings of my child's activities or art work in Creative Workshop publications. The material so obtained may be used for educational purposes or for publicity benefiting the Memorial Art Gallery.
- I **do not** give permission for images of my child or my child's artwork to be used for publicity as outlined above.

3. REFUND POLICY

All class registrations are non-refundable with the exception of those that have been canceled due to inadequate enrollment. The Workshop reserved the right to cancel any class, in which case a full refund is issued.

Please note: Behavior problems deemed sufficiently disruptive will result in a child's removal from the program. No refunds are made in these cases.

By signing below, I acknowledge that I have read and understood the above terms.

Signature: _____ Date: ____ / ____ / ____

4. IMPORTANT HEALTH AND SAFETY INFORMATION CHILD'S NAME _____

Please provide daytime phone numbers below where we may reach you promptly in case of accident or illness requiring attention. *In the event of a true medical emergency we will call 911 at the same time we call the numbers below.*

Legal guardian: _____ phone _____ cell phone: _____

Other adult: _____ phone _____ cell phone: _____

Your child's physician: _____ Physician's phone: () _____

Note: MAG does not employ trained medical personnel. Gallery security staff, who work in a building adjacent to the Creative Workshop, do have basic CPR training. Although we will assist in helping your child take prescribed oral medication, we are limited in our ability to attend to varying individual health needs. If your child has specific health needs while at Art Day Camp, we urge you to communicate with our staff at the time of registration.

Does your child have an allergy? If yes, specify allergy _____.

Will your child be taking medication while at the Workshop?

Is there anything else we should know that will help your child be successful in this all-day program? Our goal is a joyful and educational experience. Any notes are kept in confidence between the program coordinator and staff.

PICKUP AND DROPOFF INFORMATION

Your child's safety is of paramount importance to us. Please escort your child into the Workshop in the morning and sign him/her in. At the end of the day, please come in and sign him/her out. If you want any other person, including a spouse, to have permission to pick up your child, please list them below. **Anyone picking up a child will be asked to show a photo ID.**

Name: _____ phone _____ relationship to child _____

Name: _____ phone _____ relationship _____

5. RULES OF CONDUCT FOR PARTICIPANTS By registering this child for class, I understand that per the University of Rochester's Programs for Minors Policy, the following Rules of Conduct for participation apply to them and that their failure to comply with these rules will result in the immediate dismissal of the child from the program with no refunds given.

1. The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
2. Participants may not leave university property or the program without permission of the Creative Workshop.
3. No violence by anyone involved with the program, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical and cyber bullying, are prohibited.
4. No use of tobacco products.
5. Misuse, damage, or theft of property is prohibited, Charges will be assessed against those participants who are responsible for damage, theft or misuse of university property.
6. Participants must follow all safety rules in accordance with university standards and/or as defined by the program administrator.
7. Use of cameras, imaging, and digital electronics is prohibited where privacy is expected, such as showers, locker rooms and restrooms.

Signature: _____ Date: ____ / ____ / ____