



## Richland Township Park & Recreation Board

*Presents*

# Creative Arts Camp

**Week of July 9<sup>th</sup> - July 13<sup>th</sup> 2018**

**9:00 am to 4:00 pm**

**Mary Reshetar, Arts Camp Director**

### **Work with artists and volunteers developing techniques in:**

***Sculpture*** (plaster, clay, mosaics, wire) • ***Paper*** (print making)  
***Painting and Drawing*** (acrylics, pastels, pencil) • ***Fibers*** (tie dye, batik)

Registration: \$150.00. **Ages 6 and up.** Register early as **Space is Limited.**

### **All classes take place at:**

Richland Township Municipal Building • 1328 California Road • Quakertown, PA 18951  
Questions: call Kelly at the Township 215-536-4066

## **2018 CREATIVE ARTS CAMP RESERVATION FORM**

**MUST BE RETURNED WITH AUTHORIZATION FORMS AND WAIVER**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Total Payment Enclosed (\$150 registration): \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Circle: T-shirt Size for tie dye (circle): Youth S M L Adult S M L

Parent/Guardian Signature: \_\_\_\_\_

Send registration to Township address above. Make checks payable to: Richland Township

# Child Pick Up Authorization

Please list the full name, address and phone number of the person(s) that are authorized to pick your child up from camp. Note: unless the person is listed here and can show photo identification **then they will NOT under any circumstances be allowed to take your child**. We understand that things come up that require a last minute change in plans. Should such an event arise you **MUST** call the Richland Township Business office at 215-536-4066 and provide the full name, address and phone number of the person coming to pick up your child and they will also be required to show photo identification.

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

# RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Participant"; and, in the case of a minor, by his/her guardian, collectively the "Participant") in favor of Richland Township and the Richland Township Park and Recreation Board, their respective directors, officers, employees and agents (collectively "Township").

Participant desires to be a part of a Township event and understands that the activities may include using power tools, sharp instruments, paints, and adhesives.

Participant hereby freely, voluntarily and without duress executes this Release under the following terms:

1. Release and Waiver: Participant does hereby release and forever discharge and hold harmless Township and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Participant's Activities with Township. Participant understands that this Release discharges Township from any liability or claim that the Participant may have against Township with respect to any bodily injury, personal injury, illness, death or property damage that may result from Participant's Activities with Township, whether caused by negligence of Township or its officers, directors, employees or agents or otherwise. Participant also understands that Township does not assume responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

2. Medical Treatment: Participant does hereby release and forever discharge Township from any claim whatsoever which arises or hereafter may arise on account of any first aid, treatment or service rendered in connection with the Participant's Activities with Township.

3. Assumption of Risk: The Participant understands that the Activities include work that may be hazardous to the Participant, including, but not limited to, working with sharp instruments, working with power tools, heat tools, paints and adhesives. Participant hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Township from all liability for injury, illness, and death or property damage resulting from the Activities.

4. Insurance: The Participant understands that, except as otherwise agreed to by Township in writing; Township does not carry or maintain health, medical or disability insurance coverage for any Participant. Each Participant is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release: Participant does hereby grant and convey unto Township all right, title and interest in any and all photographic images and video or audio recordings made by Township during the Participant's Activities with Township, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

6. Other: Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. IN WITNESS WHEREOF, Participant (and guardian if applicable) has executed this Release as of the day and year first above written.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION FOR TREATMENT OF MINOR CHILD

I, the undersigned, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, a minor, do hereby authorize Richland Township and the Richland Township Park and Recreation Board (Township), its directors, officers, employees and agents to provide and/or consent to first-aid treatment or other medical services which may become necessary in connection with an emergency during said minor's participation in the Richland Township Art Camp. Please indicate current medical/health, allergy or medication information:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please print full name \_\_\_\_\_ Date: \_\_\_\_\_

During the week of July 10th I can be reached at this location:

\_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Mother Cell phone # \_\_\_\_\_ Father Cell phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_