



## **Logansport Art Association**

424 Front Street, Logansport, IN 46947

1-574-735-2915 E-mail: loganart@verizon.net

### **MINOR PERMISSION & RELEASE FORM**

Participants under the age of eighteen (18) must have a completed Permission and Release Form, signed by their parent or legal guardian, before participating in programming offered by, that does not require parental supervision.

**My child, \_\_\_\_\_ has my permission to participate in**

**\_\_\_\_\_ offered by the Logansport Art Association.**

This form is valid from \_\_\_\_\_ to \_\_\_\_\_.

In the event of an apparent or real emergency, in which medical treatment or hospitalization of my child may be necessary, after effort to contact me at the phone number provided below, I authorize and appoint the Logansport Art Association and its agents, permission to obtain medical treatment or hospitalization of the child named above, as they believe necessary and proper. I agree to pay for any medical treatment and expenses incurred on behalf of my child and shall hold the Logansport Art Association harmless from any and all liability, claims, judgments and costs as a result of any such treatment.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Logansport Art Association has permission to photograph my child participating in the program stated above. I understand that the photograph may be used to promote the Logansport Art Association in printed publications or in the newspaper.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### General Information:

Parent or Guardian Name (Printed): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact Number during the program: \_\_\_\_\_ Alt. #: \_\_\_\_\_

Residing Address: \_\_\_\_\_ City: \_\_\_\_\_

Participants Primary Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State any medical conditions, behaviors or allergies; we need to be aware of:

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

State any special needs for your child to participate:

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