



Student & Parent/Guardian Agreement Medical & Media Release Form

I give my permission for my child to participate in any and all activities during Arts Explosion, and I understand that my child will be expected to observe the rules of the program. I have read the information below and have reviewed it with my child.

I will not hold Arts Explosion, Chisholm Trail Arts Council, or any staff member from these organizations responsible for accidents incurred during Arts Explosion. I understand that every reasonable precaution is being taken for the safety of the students. I will also be financially responsible for any deliberate damages to property resulting from the actions of my child.

I give permission for photographs or films taken by, or of, my child or my child's work during Arts Explosion to be used for exhibit, publication and publicity. All photographs, or film, become the sole property of Chisholm Trail Arts Council.

In accepting the invitation to attend Arts Explosion, the student understands and agrees to the following policy:

- Be on time
- Stay with the group. Take breaks in the designated area, and return to the classroom on time.
- All classes are closed unless an event is announced as "open to the public"; students may NOT have guests visit during Arts Explosion
- The student will attend with the attitude of one willing to learn and participate in new experiences. The student can expect to have fun and make new friends... AND create ART!
- No electronic devices or cell phones can be used while classes are in session. If they are brought to camp they are the sole responsibility of the student and not to be a disruption to the class (if taken up, student will receive at end of day).

Medical Release Information

I give permission for the staff of Arts Explosion to seek medical aid, including emergency procedures for:

Student Name _____ Student Age _____ Best Phone _____

Emergency Contact Name _____ Relationship _____ Phone _____

Family Doctor _____ Doctor's Phone _____

Insurance Company _____ Policy Number _____

Please list any medical, physical, or learning situations of which you think the staff should be aware. Any child who experiences sugar imbalance or food allergies should plan to bring additional snacks and notify the staff so they may be of assistance: _____

Student Signature

Parent / Guardian Signature

Date

Mail Payments/ Forms To: CTAC ▪ 810 W. Walnut ▪ Duncan OK ▪ 73533
Email Forms: director@chisholmtrailarts.com

Please fill out enrollment on the front side of this form