



Volunteer Release Form

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Consent and Acknowledgement

In consideration of my child's participation in programs provided by First City Art Center, I indemnify and hold First City Art Center and its affiliates, employees and agents harmless from and against any and all liability for negligence or medical expenses resulting from my child's participation in such programs or other activities. I further release First City Art Center and its affiliates, employees and agents from any and all negligence or other claims resulting from my child's participation. I further understand that First City Art Center does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or myself. I hereby grant permission for my child to participate in all activities. I give permission for my child's photo and/or likeness to be retained and used by First City Art Center without any remuneration or compensation. I authorize FCAC staff to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance. I give permission for my child to visit the art park during breaks. The art park is located directly across from the main entrance of FCAC at 1060 N Guillemard Street.

Signing below acknowledges that you have read and understand the terms above.

Parent / Guardian Signature

Date