

Waiver 🔲	Paid in Full	
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Spark: An Art Studi	O Date:	Date:	
Holiday Camp 2024 Regis Friday, December 20, 2024 10am to 1pm	stration Form		
Participant Name:	Age: Gender:		
Sibling or Friend Attending Camp:			
	_ Parent Email (print clearly):		
Emergency Contact:	Cell:		
	Cell:		
	ID#:		
Medications:			
	ut:		
	listed above:		
Please tell us anything we should know experience for them:	about your child that will make the camp a fun and memorable		
Please circle: Returning Camper	First Timer		
Camp Fee: \$65 includes art supplies, a Payment Method (circle): credit carc			

Payment must be made in full at time of registration. Since we are holding a spot for you, payments are not refundable.

## Spark: An Art Studio Holiday Camp 2024 Details

Ages 5 – 10 (recommended) 10am to 1pm We ask that all children are dropped off between 9:55am - 10:00am and picked up at 1pm.

## **Daily Itinerary**

10:00 - 10:15 Welcome, snack and Art Project Introduction with Instruction
 10:15 - 11:45 Art Project

 11:45 - 11:50 Clean Up, wash and sanitize hands
 11:50 - 12:30 Lunch
 12:30 - 1pm Games and Activities

Our camp is suitable for all skill levels.

Weekly Camp Fee: \$65/person

## What's Included:

- All supplies and instruction for art project
- Snack
- Game prizes and goodie bag

## What to Bring:

- Water Bottle with Lid
- Lunch



	ABILITY NOTICE ng. print all info legibly.	
Read carefully before signif	IS. PRINTALL INFO LEGIDLT.	
PRINT FIRST & LAST NAM	E of Parent or Guardian of Minor(s)	
	, 20	
	h, Day	
Email*		
Cell Phone*	*required	
I understand that all art activities which are part of a camp program at Spark: An Art Studio may involve some risk of injury from various hazards, both obvious and obscure, including but not limited to, injury	I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Tennessee, United States of America.	
by acts of other group participants, falling, being struck by falling objects, equipment failure and other I hereby agree as follows:	If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.	
By signing this document I accept and assume responsibility for each person listed on this form for any and all such risks — whether or not specifically itemized herein, and I acknowledge that Spark: An Art		
Studio, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Spark: An Art Studio represents or contracts with entities (hereinafter referred to	Since the Participant(s) is a minor, I certify that I am the Parent or Guardian, and by my signature they, on my behalf release all claims that both they and I have.	
as Releasees) shall be held harmless and blameless in the event of such an aforementioned mishap. I know and am prepared for the	I hereby declare that I am of legal age and am competent to sign this Agreement.	
aforementioned risks and will not look to any entity or individual nor hold them responsible for the well-being or the protection from such risks of anyone named on this form, whether or not those risks are known or unknown by those organizations or individuals.	My signature below certifies that I have carefully read the above agreement and understand and agree to comply with all its terms and provisions.	
In consideration of participating in any and all activities at Spark: An Art Studio, I — on my behalf and on behalf of my heirs, assigns, and		
representatives — do hereby irrevocably release Spark: An Art Studio, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Spark: An Art Studio represents or contracts with, their successors and assigns from any and	SIGNATURE of Parent or Guardian (FIRST & LAST NAME) LIST MINORS UNDER THE AGE OF 18 and who the signed person is taking full responsibility for.	
all claims which involve any nature of injury or damage to persons or property that may occur as a result of attendance or participation in such aforementioned activities by anyone listed on this form.	Print Child Attendee: FIRST & LAST NAME and AGE	
PRIVACY: I understand that my information will be used solely by Spark: An Art Studio to mail or email information about summer camps or events and that my information will not be given to a third party.	Print Child Attendee: FIRST & LAST NAME and AGE	
PHOTOS, VIDEOS, ETC: I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image	Print Child Attendee: FIRST & LAST NAME and AGE	
may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears, any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material	Print Child Attendee: FIRST & LAST NAME and AGE	
may be used in social media, advertising or educational settings within any geographic area or on the internet.	Print Child Attendee: FIRST & LAST NAME and AGE	
By entering this agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement.	HOW DID YOU HEAR ABOUT OUR CAMP PROGRAM?	
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