



Summer Art Camp Registration & Waiver Forms

Please read and complete the following Registration & Waiver Forms, required for all campers to sign-up. Please call THE PAINT CELLAR at 317.759.4278 or email carmel@paint-cellar.com to with any questions.

Once THE PAINT CELLAR confirms your camper's enrollment:

- Cancellation 14 business days prior to the start of the session will result in a 50% refund.
- No refunds will be available for cancellations less than 14 business days prior the start of the session.
- If you have any last minute emergencies, you will get a Summer Art Camp credit.
- Campers should bring a sack lunch and/or snack every day. THE PAINT CELLAR will provide beverages (bottles of water or assorted juice boxes).
- Summer Art Camp at THE PAINT CELLAR runs from 9:00am to 1:00pm Monday through Friday.
- Please submit your payment online and return signed and completed registration forms to THE PAINT CELLAR by: mail or email (carmel@paint-cellar.com).



2017 Summer Art Camp Registration Form

CAMPER INFORMATION

Camper's Name: _____

Age: _____ DOB: _____ Male/Female: _____

Camper's Name: _____

Age: _____ DOB: _____ Male/Female: _____

Camper's Name: _____

Age: _____ DOB: _____ Male/Female: _____

PARENT/GUARDIAN INFORMATION

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Emergency Phone No: _____

Alternative Contact: _____

PLEASE INDICATE WHICH SESSION(S) YOUR CAMPER(S) WOULD LIKE TO ATTEND

June 5 - 9 from 9:00am to 1:00pm: ages 6-13, Early Registration Deadline is April 30

July 10 - 14 from 9:00am to 1:00pm: ages 6-13, Early Registration Deadline is May 31



REGISTRATION FEE INFORMATION

Cost for Summer Art Camp at THE PAINT CELLAR

Early Registration

\$160 for the week,

\$110 for the week (each additional child)

Regular Registration

\$185 for the week

\$135 for the week (each additional child)

TOTAL AMOUNT DUE: _____

Please submit all payments online at:

<http://paint-cellar.com/carmel/2017-kids-summer-art-camp/>



ACCIDENT RELEASE AND FINANCIAL RESPONSIBILITY WAIVER

By registering for Summer Art Camp at THE PAINT CELLAR I declare that my child is in good physical condition and has no disease or injury that would be aggravated by participation in activities related to Summer Art Camp at THE PAINT CELLAR. I understand the art program provided by THE PAINT CELLAR as well as understand the inherent dangers and the possibility of not reasonably foreseeable risks involved with my child's participation in these programs including the risk of personal and bodily injury and damage to my child and my property while participating in these programs. I further understand and acknowledge that participants in such programs are not covered under insurance of THE PAINT CELLAR. I hereby give my consent and authorize and grant permission to representative(s) of THE PAINT CELLAR to administer first aid and/or to obtain emergency medical care or treatment from any licensed physician or hospital and/or activities. I freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss arising from or in any connection with my child's participation in art program(s) offered by THE PAINT CELLAR.

I hereby release and forever discharge THE PAINT CELLAR and any and all agents of THE PAINT CELLAR from any and all liability, claim, cause of action, demand or damages from injury, damage or loss of any kind to my child and my property as a result of my child's participation in any art programs of THE PAINT CELLAR. I further waive, release, absolve and agree to indemnify and hold harmless THE PAINT CELLAR as a result of my child's participation in any educational program sponsored by THE PAINT CELLAR. I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE WAIVER

I give permission to THE PAINT CELLAR and its representatives to take and use my child(ren)'s picture and/or quotes for any purposes whatsoever including advertisement and publicity through any media including radio and television. I further agree that all property rights in and to any advertising or publicity materials, films, or recordings containing my pictures or quotes or my child(ren)'s are the sole and exclusive property of THE PAINT CELLAR.

Parent/Guardian Signature: _____ Date: _____

Should Summer Art Camp at THE PAINT CELLAR need a food allergy action plan for your camper, please contact the camp administrator. Please identify any behavior issues or special education needs. We reserve the right to decide if such behavioral issues are appropriate for Summer Art Camp at THE PAINT CELLAR. I have been given the opportunity to ask any questions by calling THE PAINT CELLAR at (317) 759-4278 or emailing carmel@paint-cellar.com.

Parent/Guardian Signature: _____ Date: _____