

WASHINGTON COUNTY MUSEUM OF FINE ARTS | SUMMER CAMP WAIVER

401 Museum Drive

Hagerstown, MD 21740

301-739-5727

For questions, contact Jillian MacMaster at educ.marketing@wcmfa.org or extension 124.

Please print

Name of student _____

Age _____ Grade _____

Parent/Guardian name _____

Museum member YES NO

Phone number (best to reach you) _____

Second phone number _____

Address _____

City _____

State _____ Zip _____

Email address (**Please clearly print – email will be primary form of contact**)

Does your child need special accommodations?

Please select the camps in which your child is enrolled. Select all that apply.

Wondrous Wild Watercolors _____

3-D Art & Stop Motion Animation SESSION 1 _____ SESSION 2 _____

Linoleum & Corrugated Cardboard Printing _____

Metalsmithing & Jewelry Making _____

See reverse side for contract and signature.

Parent/guardian acknowledges that **(I) he/she has enrolled his/her child in classes,** workshops, programs and/or events to be offered by and/or at the Museum, **(II) he/she is willing to waive and to release the Museum and its agents from all claims,** demands, causes of action, liabilities, losses, damages and costs that may arise from any and all injuries and damages sustained by his/her child while attending the classes, workshops, programs and/or events.

Therefore, in consideration of the instruction to be provided by the Museum to the Student and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Student, for him/herself, and his/her parent or guardian, **AGREES** that the Museum and its agents and employees shall have no liability whatsoever to the Student for any injury or damage to the Student or to any property of the Student sustained by the Student while attending the classes, workshops, programs and/or events, and hereby **RELEASES** the Museum and its agents and employees from any and all claims, demands, causes of action, liabilities, losses, damages and costs that may arise from any and all injuries and damages sustained by him/her while attending the course whether at the Museum or an on-site location.

I, the undersigned, hereby **AGREE to the RELEASE of any and all photographs** taken during the classes, workshops, programs and/or events, filming, and/or videotaping for Washington County Museum of Fine Arts publicity purposes, i.e., public service announcements, advertising, printed materials and other uses, and understand that the Washington County Museum of Fine Arts, a nonprofit organization, will use these photographs, films, and/or videotape to promote the Museum, its exhibitions and programs.

Parent/guardian signature

Date