

# SLIDELL ART LEAGUE

## Children's Workshops Permission Agreement

December 21 & 23 and 28 & 30, 2009

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ cell phone number \_\_\_\_\_

Name & Telephone of Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ cell phone number \_\_\_\_\_

Name & Telephone of Place of Employment: \_\_\_\_\_

Guardian, if not living with parents: \_\_\_\_\_

Name & Telephone of person to contact in the event of an emergency:  
\_\_\_\_\_

List of any pertinent information (allergies, physical handicaps, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name & Telephone Number: \_\_\_\_\_

Day(s) Attending: \_\_\_\_\_ Tues 11/24                      Wed 11/25

Total fees Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Who is authorized to pick up your child(ren)?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

# Hold Harmless Agreement

I, \_\_\_\_\_, individually and as natural tutor/tutrix, administrator/administratrix and guardian of the estate of my minor child, \_\_\_\_\_, do hereby, individually, and in so lido, agree to release and hold harmless employees, insurers, agents & assigns of the Slidell Art League from any and all liability which they, either individually, jointly or in so lido, may incur now and in the future as a result of my minor child's participation in the **Children's Two Day Workshop**.

I further agree, individually, and in so lido, to indemnify the Slidell Art League provider of transportation, from any and all liability which it may incur, including attorney's fees and court costs, now and in the future, from any claim or claims that may be asserted by any third party for damages which may arise as a result of my minor child's participation in the **Children's Two Day Workshop**.

Name of Child: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Any other comments or information about your child that you feel will be beneficial for us to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_