



Art Camp (aka: Summer Camp)

## 2015 WAIVER FORM & PHOTOGRAPHY/VIDEO RELEASE FORM

**In Consideration of being allowed to participate in any party and/or program at Paint Spot of Louisville, KY, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciate and agrees to the following conditions:**

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Paint Spot.

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Paint Spot of Louisville, KY, their affiliates, officers, members, agents, employees and other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Paint Spot programs, activities, and parties.

I grant permission to Paint Spot to photograph/videotape my child while participating in summer camp for the following purposes:

YES  NO Camp-related activities (website, videotaped presentations, newspaper, etc.)

YES  NO Possible appearance in future Paint Spot promotional materials.

YES  NO Possible appearance in outside media (website, newspaper, television).

I also release Paint Spot of any liability, claim, demands, damages, actions and causes of action arising from, or connected in any way with the use of the photographs/videotape. I understand that my child will receive no compensation for participation.

I state that I am the parent of legal guardian, and consent to all of the aforementioned.

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Participant Name

Participant Date of Birth

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Participant Name

Participant Date of Birth

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Parent/Guardian Signature

Date