

# MEDICAL LIABILITY RELEASE FORM

**DIRECTIONS:** It is necessary that ALL campers' parents/guardians complete this form (both pages) as a prerequisite to attending Arts Fulshear Summer Art Camp. Please scan completed form and email to [administrator@artsfulshear.org](mailto:administrator@artsfulshear.org), mail to P.O. Box 1073, or bring the form with you the first day of camp.

## PLEASE TYPE OR PRINT ALL INFORMATION

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent/Guardian Telephone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_  
 Alternate Contact: \_\_\_\_\_  
 Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student is covered by group or medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information:

Name of insured: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

- a. Allergy: \_\_\_\_\_
- b. Physical Handicap: \_\_\_\_\_
- c. Other (Be Specific): \_\_\_\_\_

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I hereby release the Arts Fulshear Board of Directors, the Arts Fulshear Staff and Volunteers, and any designated individual in charge of the Arts Fulshear group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(the above line is applicable for campers under the age of 18 and must be signed by the parent or legal guardian.)

**LIABILITY RELEASE FORM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Huggins Elementary, Arts Fulshear, LCISD, Katy ISD, and any of their employees or agents representing or related to LCISD, Katy ISD and Arts Fulshear as regards to summer art camp. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by LCISD and Arts Fulshear and/or its affiliate groups throughout the duration of the summer art camp session(s).

I also release any pictures that may be taken of my student and their project for publication in any public arena, including, but not limited to, newspapers, websites, magazines, etc. Parent/guardian please initial \_\_\_\_\_.

Name of Student \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_Check here if you do not wish to receive news regarding Arts Fulshear events and programs via email.