

Art In The Park 2008 Registration & Waiver Form



Art In The Park is a well-known tradition in Hudson. With the support from local artists, Hudson youth will experience a variety of art mediums and techniques while enjoying the outdoor ambiance of Hudson parks and historical settings.

Fee: \$80 (\$100 after 7/23)

July 7-11 9:30 a.m. - 11:30 a.m.

2170 1st Grade - Barlow Community Center

2171 2nd Grade – Hudson Springs Park

2172 3rd Grade – Hudson Springs Park

2174 4th – 7th Grades - Hudson Springs Park

.....

ART IN THE PARK 2008 - CAMP REGISTRATION FORM

Name _____
 Address _____ Phone No. _____
 _____ Class # _____
 Birthdate _____ Grade in Fall _____
 Emergency Contact _____ Phone _____

Make checks payable to:
Hudson City Schools and
send to:

HCER
2440 Hudson-Aurora Road
Hudson, Ohio 44236

You will not receive a written confirmation of enrollment. You will only be contacted if this class is full or cancelled. No refunds after June 25.

Participation Waiver and Release: I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the registrant's participation in the listed program. The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant. List any health problems, medications or allergies:

The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

X

Parent/Guardian Signature for Medical Consent, Participation, and Waiver and Release

Date