



Part 4B: Camps Health Form – The following must be completed by a Healthcare Provider

Name _____

Physical Exam done today? Yes No (if no, date of previous physical _____)

Weight: _____ lbs. Height: _____ ft. _____ in. Blood Pressure: _____ / _____

Allergies:

- No Known Allergies
- To Foods (list): _____
- To Medications (list): _____
- To the Environment (insect stings, hay fever, etc. list): _____
- Other allergies (list): _____

Are Immunizations up to Date: Yes No *Please provide a copy of records.*

Diet, Nutrition:

- Eats a regular diet.
- Has medically prescribed meal plan or diet restrictions (describe below).

The student is undergoing treatment at this time for the following conditions: None

Medication: No daily medications. Will take the following prescribed medications (list):

Other treatments/therapies currently undergoing (list): None

Do you feel the student will require any limitations at camp? No Yes (please describe)

It is in my opinion that the student is physically and emotionally fit to participate in all active programs at MoCo Arts.

Name of licensed provider (please print): _____

Signature: _____



Part 5: Liability Release

Student's Name _____

I, _____, for and in consideration of being allowed to participate in MoCo Arts programs, do hereby agree to release MoCo Arts and its agents, employees, successors and assigns from any and all liability for property damage, personal injury, or death to myself or any other person or property, resulting from the negligence of MoCo Arts, or its agents or employees.

I understand that the activities I will engage in while I am participating in MoCo Arts programs involve a risk of injury. I release MoCo Arts and its agents, employees, successors and assigns from any and all liability for property damage, personal injury, or death to myself or any other person or property, resulting from or associated with the risks inherent in my participation in any MoCo Arts program.

I am aware of my personal medical needs and condition. I represent that there are no health-related reasons, physical or psychological impairments or problems that, in the exercise of reasonable care, would preclude or restrict my participation in the MoCo Arts programs for which I have enrolled, or would put myself or others in danger by my participation.

I acknowledge that I have carefully read this Release, and I understand and accept its terms. I understand that my signature on this Release means that, in consideration of my acceptance and participation in MoCo Arts programs, I fully accept all risks related to my participation in MoCo arts programs.

Student's Name (if student is over 18)

Date

Students Signature (if over 18)

Parent/Guardian's Name (if student is under 18)

Parent/Guardian's Signature (if student is under 18, signing on behalf of the student)

If you have any questions, please contact MoCo Arts by phone, (603) 357-2100, or by email, info@moco.org, or through the comment form found on our website www.moco.org.



Part 6: Policy Acknowledgment

By registering your child for classes at MoCo Arts, you are agreeing to all written policies put in place by MoCo Arts and approved by the Board of Directors. These policies are put in place to provide your child with the best experience while learning the arts, and provide a guideline for behavior, conduct, and expectations while participating at MoCo Arts.

By signing below, you are indicating that you have received a copy of MoCo Arts policies and have read and agree to all the terms and conditions as outlined. If you have any questions, please contact MoCo Arts by phone, (603) 357-2100 or by e-mail, info@moco.org or through the comment form found on our website, www.moco.org

Student's Name

Date

Student's Signature

Parent/Guardian's Name (if student is under 18)

Parent/Guardian's Signature (if student is under 18)

Part 7: Photo/Video Release

I hereby grant MoCo Arts permission to use my likeness in both photo and video in any and all of its publications, including website entries without payment or any other consideration. I understand and agree that these materials will become the property of MoCo Arts and will not be returned.

I hereby irrevocably authorize MoCo Arts to edit, alter, copy, exhibit, publish or distribute these for purposes of publicizing MoCo Arts' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

By signing this agreement, you are also authorizing Steve Holmes Photography, as the organization photographer, the right to photograph and sell photos of your child. MoCo also uses many of these photos for marketing and promotional purposes. KeeneOnline, the organization's videographer will film performances. Performance videos will be available for purchase through MoCo Arts and are used by MoCo Arts for marketing and promotional purposes.

I hereby hold harmless and release and forever discharge MoCo Arts from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Student's Name

Date

Parent/Guardian's Name (if student is under 18)

Parent/Guardian's Signature (if student is under 18)



Part 8: Individual Recreation Profile

Thank you for taking the time to fill out this form. By doing so, you will allow us to better serve your child.

Things your child might not be comfortable with:

How does your child transition from one activity to another?

Any unusual family circumstances that would help us better serve your child?

Additional comments:

Part 9: Summer Camp Release Form

Pick-up Release

This is to give permission for us to release your camper to a designated adult (18+ years old) other than parents/guardians listed on camper registration. Adult must have photo ID on hand.

Name of person: _____ Relationship to child: _____

Walking/Biking (C.A.K.E. only)

- My child has permission to leave camp by walking or biking. Y / N

Permissions

My child has permission to:

- Wear a temporary tattoo, face paint, or stage make-up Y / N
- Wear sun screen provided by the facility Y / N
- Walk from site to site with C.A.K.E. staff (C.A.K.E. Only) Y / N
- Participate in off-site activities (when applicable) with C.A.K.E. staff (C.A.K.E. only) Y / N

Parent/Guardian Signature: _____ Date: _____

◆ How did you learn about MoCo Arts? _____