

Child's Name _____

Parent/Guardian Information Form

Complete one liability form for each child who will be attending SAM Camp.
PLEASE NOTE: Your child must be in grades 1-5 as of September 2019 to attend SAM Camp.

Parent/Guardian #1 _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Parent/Guardian #2 _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone _____

THE PARENT/GUARDIAN contacts listed above have permission to sign in and sign out the children identified in the PARTICIPANT INFORMATION section. If there is someone else you want to designate to sign in and sign out your child, please list below. Only the person(s) indicated will be able to sign in and sign out your child.

Alternate Contact #1 _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Alternate Contact #2 _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone _____

I confirm that all information included on this form is true to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

SAM KIDS

Seattle Art Museum
1300 First Avenue
Seattle, WA 98101-2003

seattleartmuseum.org
Fax: 206.654.3135
samcamp@seattleartmuseum.org

Child's Name _____

Medical Information Form

Doctor to contact in case of medical emergency

Clinic/Hospital Name _____

Insurance (if any) _____

Doctor Name _____

Address _____

City _____ Phone _____

Medical information & consent for emergency treatment

- I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment if needed. In the event that I cannot be contacted, I further consent that medical, surgical, hospital care, treatment, and procedures be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Please check all that apply:

- My child is allergic to the following: _____

Note: SAM staff and instructors cannot administer medication. If any of the above-noted allergies are life threatening, I will contact SAM staff directly and supply my child with the necessary treatment for allergic reactions. My child will carry this treatment with him/her at all times.

- My child does not have any known allergies.
- Anything else we should know about your child: _____

I confirm that all information included on this form is true to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Camper Information

Nickname/Preferred Name _____

Birthdate _____ Preferred Gender Pronoun _____

T-shirt Size

XS S M L XL

Camp Groups

SAM Campers are placed in groups according to age. If you would like to request that your child be placed in a group with another camper please indicate this below. Please note we cannot guarantee they will be placed in the same group.

SAM KIDS

Seattle Art Museum
1300 First Avenue
Seattle, WA 98101-2003

seattleartmuseum.org
Fax: 206.654.3135
samcamp@seattleartmuseum.org

Child's Name _____

Liability Release Form

I give consent for my child to participate in the 2019 SAM Camp, and hereby release the Seattle Art Museum, its trustees, owners, instructors, and employees from liability for any injury my child may suffer as a result of his/her participation.

I confirm that all information included on this form is true to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____

Please return this completed form when you register your child. You may fax to 206.654.3135 or email a signed copy in PDF to samcamp@seattleartmuseum.org.

Child's Name _____

Minor Appearance Release

SAM is a nonprofit organization and its success in large part depends on the continued patronage and generosity of the public. By signing this appearance release, you are helping SAM to fulfill its mission. In return, as valuable consideration, you receive our recognition of your generosity, and our promise to continue our commitment to the arts in Seattle.

Permission

WHO: I, _____, on behalf of my minor children registered, for SAM Camp 2019 grant to the Seattle Art Museum and all persons acting with Seattle Art Museum's authority (together: "SAM"), the right to take and create photographs, videos, still and moving images, audio recordings, and other graphic and audio depictions, in all formats, incorporating my children's name, image, likeness, voice, and appearance for use in all media, as detailed below (the "Content"). By signing this release I grant SAM, in perpetuity:

WHAT: Permission to photograph, record, digitize, edit, save, use, reuse, copy, publish, re-publish, distribute, broadcast, stream, and webcast the Content.

WHERE: Here in Seattle, on the Internet, and throughout the world.

WHY: For museum purposes, examples of which include but are not limited to:

- Promotion, advertising, marketing, fundraising, public relations, press releases;
- Information, exhibition, education, scholarship;
- Art, editorial, trade, publishing;
- Packaging for any product or service offered in connection with the museum; and
- Creation of SAM merchandise, the proceeds of which shall be used to advance the mission of SAM

I understand and agree that SAM shall be the exclusive owner of all rights, title, and interest in and to the Content, including copyright in the Content and any works created using or containing the Content.

Release

I understand and agree that SAM shall be the exclusive owner of all rights, title, and interest in and to the Content, including copyright in the Content and any works created using or containing the Content.

I understand and agree that SAM may combine the Content with other materials, images, video, audio, text, and graphics, and crop, alter, or modify the Content. I waive any right to inspect or approve the use of the Content.

I understand and agree that neither I nor my children have any right to payment, and hereby waive all claims to compensation or damages based on SAM's creation and use of the Content.

I hereby release, discharge, and agree to hold harmless SAM, its officers, directors, trustees, and employees, from any claims and liability, arising from or relating to any and all use, modification, or alteration of the Content.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I fully understand the contents thereof. This release shall be binding upon me and my children, heirs, legal representatives, and assignees.

Subject is a minor — parent or guardian signature required

I represent and warrant that I am the legal guardian of _____ and have full legal right and authority to consent to the above and execute this release on his/her behalf.

Signature _____ Date _____

Parent/Guardian Name (Printed) _____

Address _____ Email Address _____



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