

Stark Museum of Art
Application for Summer 2018 Art Quest
Program, Health Form/Consent, and Liability Waiver

Camp Sessions Listed on Page 2
Application Due Date: June 22, 2018

Application must be complete in full to complete registration.
Placement is made on a first-come, first-served basis

Completed applications may be (1) dropped off at the Stark Museum; (2) mailed to 712 Green Ave., Orange, TX 77630, Attn: Rebecca Johns; or (3) completed online at <http://starkculturalvenues.org/starkmuseum/art-quest-summer-classes/>

All applications will be deemed originals regardless of the manner of submission.

Full Name of Child/Applicant: _____

Nickname (if applicable): _____ Gender: Male _____ Female _____

Date of Birth: _____ Age: _____ Grade Level **Entering** in School Year 2018-2019: _____

School: _____

Parents/Legal Guardian Name:

Father: _____

Mother: _____

Home Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____

Day Phone: (____) _____

Evening Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: () _____

Email: _____

Email: _____

Emergency Contact (Other than Parents/Guardian):

Name: _____

Relationship: _____

Address: _____

Phone: _____

(Parent/Guardian Initials)

CAMP SESSIONS:

All Art Quest sessions are conducted Tuesday through Friday, 8:30 a.m. – 12:00 p.m.

A full description of each session is available online at www.starkmuseum.org.

Select Class(es)	Grade Level Entering in 2018-19	Dates	Camp Session	Camp Fee
	Entering grades 3-5	June 26-29, 2018	First Impressions	Free
	Entering grades 3-5	July 10-13, 2018	Go West	Free
	Entering grades K-2	July 17-20, 2018	Art is for the Birds	Free
	Entering grades K-2	July 31-August 3, 2018	The Not so Secret Garden	Free

I/We, the undersigned, request that the named Applicant (“Child”) be enrolled in a class of Art Quest (“Program”) sponsored by the Nelda C. and H.J. Lutchter Stark Foundation Museum of Art (“Museum”) for Summer 2018. I/We understand that enrollment is subject to availability as well as a minimum class size and is, therefore, not guaranteed, as provided in “Other Art Quest Information” on page 3.

If the Child is placed in the Program, I/we agree to abide by the rules and policies of the Program, as determined by Program staff. I/We understand that Child must behave in an exemplary manner to participate in the Program and that Child may be dismissed from the Program due to inappropriate behavior, as determined by the Program directors.

Signature of Parent/Guardian**
 Printed Name: _____
 Date: _____

Signature of Parent/Guardian:**
 Printed Name: _____
 Date: _____

**The signatures of both of Applicant’s parents are requested in order for the Application, Health Form/Consent and Liability Waiver to be considered completed. If circumstances affect this requirement, please attach a brief explanation to this form.

____ (Parent/Guardian Initials)

OTHER ART QUEST INFORMATION:

- Final placement and acceptance of Applicant in the Program is dependent upon available openings and will be based, in part, on the information submitted in the completed application. Efforts will be made to provide the requested session(s); however, placement is not guaranteed. While the Art Quest Program is open to children of all races, creeds, and ethnic backgrounds, registration is completed on a first-come, first-served basis.
- Due to high demand for camp spaces, each registration will be considered final. Registrations are not transferable from child to child.
- Stark Museum reserves the right to cancel camps that do not meet minimum enrollment.
- In the event of inclement weather, the Stark Museum will make every effort to hold camp as scheduled.
- All Art Quest campers must have a completed Health Record Form on file prior to beginning camp. Children with incomplete information or missing Health Record Forms will not be permitted to participate in camp activities.
- Bringing valuables like cell phones, iPods, and other electronic devices to camp is at the discretion of the parent, although use of the devices will not be permitted during camp activities. The Stark Museum is not responsible for loss or damage to a camper's valuables.
- Before and After Camp childcare is not available. Campers may be dropped off at the Stark Museum Education Center entrance located on 6th Street beginning at 8:15 a.m.; campers should be picked up from the same location promptly at the ending time of that camper's particular session each day.

____ (Parent/Guardian Initials)

Health Record Form and
Consent for Emergency Medical Treatment of Applicant/Child

CHILD INFORMATION:

Name of Applicant (Child): _____
Date of Birth: _____ Age: ____ Gender: _____
Address: _____
Father's Name: _____
Cell Phone: _____ Day Phone: _____ Evening Phone: _____
Mother's Name: _____
Cell Phone: _____ Day Phone: _____ Evening Phone: _____
Emergency Contact (Name): _____
Relationship to Applicant: _____ Phone: _____

HEALTH CARE PROVIDERS

Child's Primary Doctor: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Child's Orthodontist: _____ Phone: _____

MEDICAL INSURANCE INFORMATION

Child is covered by family medical/hospital insurance: ____ Yes ____ No
Insurance Company: _____
Policy/ID: _____
Primary Insured/Subscriber: _____
Insurance Company Phone: _____

ALLERGIES AND DIET*

____ No known allergies
____ Child is allergic to:
Food ____ Medicine ____ Environment (insect stings, hay fever, etc) ____ Other ____
Please describe what Child is allergic to and the reaction seen: _____

____ In case of food allergies, does the camper eat a regular diet? ____ Yes ____ No
If "No", please describe special food needs: _____
Please indicate action to be taken and any medication to be administered in case of allergic reaction (mild or severe): _____
Does the Child have an EpiPen? ____ Yes ____ No

**NOTE: A snack is provided daily at each session. Please state if the Applicant has any food allergies or special needs.*

RESTRICTIONS (Please place initials next to one of the following options):

____ I have reviewed the camp session(s) and feel the Child can participate without restrictions.
____ I have reviewed the camp session(s) and feel the Child can participate with the following restrictions or adaptations: _____

(Parent/Guardian Initials)

MENTAL, EMOTIONAL, AND SOCIAL HEALTH

Your Child’s safety is of utmost concern to our staff.

• Does your child have any learning, emotional, or behavioral issues of which Art Quest camp staff should be aware? ____ Yes ____ No

If “yes”, please explain: _____

• Has your child experienced any significant life event that continues to affect his/her life and that Art Quest camp staff should know for supervisory purposes? ____ Yes ____ No

If “yes”, please explain: _____

Please list any other health conditions or concerns that should be considered by someone supervising the Applicant, including any known physical restrictions. If none, write “none”:

Please list all medications Applicant may be prescribed and/or taking at the time of any Art Quest Program. If none, write “none”. (Medications **will not** be administered by Stark Museum staff.): _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

The Child’s Health Record Form information is correct and accurately reflects the health status of the Child to whom it pertains. I/we give Child permission to participate in all Art Quest Program activities except as noted in writing by me/us or an examining physician. In case of accident, injury or sudden illness, I/we authorize any first aid or emergency medical care that may become necessary for the Child while enrolled in or participating in any of the activities of the Art Quest Program, including but not limited to any transport of the Child to a local medical facility. If I/we cannot be reached in an emergency, I/we grant permission for a physician selected by Stark Museum to hospitalize and/or secure proper treatment for Child as necessary to preserve his/her life, limb or wellbeing, including but not limited to ordering injections, anesthesia, surgery, x-rays, and other tests related to the Child’s health. I/We will assume responsibility for any and all financial obligations that may be incurred with any medical treatment rendered to the Child. I/we understand the information on this form may be shared with Stark Museum staff. I/we give permission to photocopy this form. In addition, I/we give permission to obtain a copy of Child’s health record from providers who treat Child and for such providers to talk with Program staff about Child’s health status in the event of an emergency.

Signature of Parent/Guardian**

Printed Name: _____

Date: _____

Signature of Parent/Guardian**

Printed Name: _____

Date: _____

**See p. 2 regarding signature requirement for both parents

Liability Waiver and Indemnity Agreement

As the parent(s)/guardian of the Applicant (“Child”) named on this Application for the Art Quest Program (“Program”), I/we understand that the activities/projects conducted during the Program may include projects on or about the premises of the Stark Museum of Art (“Museum or “Site”), including but not limited to physical activities and/or outdoor activities (“Activities”). Although Program staff take reasonable steps to safely conduct the Activities, I/we recognize and acknowledge there is always the possibility of bodily injury or even death associated with participation in the Project and the Activities, including losses that may result not only from Child’s own actions, inactions and negligence but also from the actions, inactions or negligence of others, and the condition of facilities, equipment, supplies at the Site and/or related Program areas. This risk of loss is a risk that Child and his/her parents or guardian voluntarily agree to assume in exchange for the privilege of registering for and participating in the Program.

In consideration of the enrollment of Child in one or more sessions of the Program, I/we consent to Child’s participation in the Activities of the Program, and I/we assume responsibility for all risks associated with Child’s participation in the Program, including but not limited to the risk of bodily injury, death, property damage or other loss that I/we or Child may sustain as a result of Child’s involvement in any and all aspects of the Program, including but not limited to the Activities, facilities, equipment, staff, or materials.

I/we hereby voluntarily release, discharge and waive any and all claims, actions, causes of action, demands, liability, and damages of whatever kind against the Museum, the Nelda C. and H.J. Lutcher Stark Foundation (“Foundation”), and the directors, officers, employees, agents, volunteers and representatives of the Museum and/or the Foundation (collectively “Released Parties”), by or on behalf of Child arising out of or resulting from any injury or damage suffered or incurred by me/us or by Child in connection with Child’s participation in the Program or the Activities, and I/we release and waiver the right to sue Released Parties, even if such claims are due to the Released Parties’ own negligence, strict liability with regard to fault, violation of statute, or other fault, including any negligent act, omission, or intentional act intended to promote my Child’s safety or well-being.

I/we give permission to the Released Parties to obtain emergency medical treatment for the Child if any Released Parties deem in their sole discretion that emergency medical treatment is necessary.

I/We agree that we are financially responsible for any losses resulting from Child’s actions, and I/we further agree to indemnify and hold harmless the Released Parties named above from any claims resulting from bodily injuries, death, property damages or losses sustained by me/us or Child or caused by me/us or Child and that arise out of or are in any way connected with the Program even if caused or alleged to have been caused in whole or in part by the sole or gross negligence of one or more Released parties.

In addition, I/we grant Released Parties the perpetual worldwide and royalty-free rights to use any photographic (including digital) images, video or audio related to Child’s participation in the Program that may be made by or on behalf of one or more of the Released Parties for promotional, documentary and/or educational purposes (including publications and exhibits), without compensation to me/us, Child or Child’s heirs, representatives or assigns.

The Child and his/her parents or guardian agree that any photos, videos, pictorial images, voice recordings or quotations, including those of Child taken or created by any Released Party (including without limitation taken by any photographer or videographer paid by or volunteering for any Released Party) during or relating to the Program are the sole property of the Museum and may be used in future publications, web pages, promotions, advertisements and exhibits of the Museum (or any other person authorized by the Foundation to use such images) without the need of any additional permission form or consideration to the Child or parent/guardian.

I/we release and waive for myself, Child and anyone claiming through us all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights granted by me to Released Parties.

I/We have carefully read or have had the opportunity to read the above waiver and indemnity and agree that no oral representations, statements nor inducement apart from the foregoing written agreement has been made. I/We expressly understand and agree that the foregoing Liability Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Texas and it is governed by and interpreted in accordance with the laws of the State of Texas. In the event any provision of this Waiver is held invalid, the remaining provisions will nevertheless continue in full legal force and effect. **I/We fully understand the nature, extent, content and consequences of this waiver and indemnity.**

I/We acknowledge that I am/we are over the age of 18 years, I am/we are the parents/guardians of the Applicant named on the Health Record Form and Consent for Emergency Medical Treatment on pages 5 and 6 of this application, and I/we sign this Liability Waiver and Indemnity Agreement knowingly and voluntarily on behalf of Child and intend for it to be legally binding.

Signature of Parent/Guardian**
Printed Name: _____
Date: _____

Signature of Parent/Guardian**
Printed Name: _____
Date: _____

***See p. 2 regarding signature requirement for both parents*