

**Stark Museum of Art**  
**Application for Summer 2019 Art Quest**  
**Program, Health Form/Consent, and Liability Waiver**

**Camp Sessions Listed on Page 2**  
**Application Due Date: June 4, 2019**

*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) emailed to rjohns@starkmuseum.org

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 2019-2020: \_\_\_\_\_

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. Kindercamp is 8:30 a.m. – 11:00 a.m. All other camps are 8:30 a.m. – Noon.

A full description of each session is available online at [www.starkculturalvenues.org](http://www.starkculturalvenues.org).

Select Class(es)	Grade Level Entering in 2019-20	Dates	Camp Session	Camp Fee
	Entering grades 3-5	June 18-21, 2019	The Wonderful World of Paper	Free
	Entering grades 3-5	July 9 – 12, 2019	3D and Me!	Free
	Entering grades 1-2	June 25-28, 2019	Make it, Wear It	Free
	Entering grades 1-2	July 16 – 19, 2019	Go Wild	Free
	Entering Kindergarten	July 30 – August 2, 2019	KinderCamp	Free

I/We, the undersigned, request that the named Applicant (“Child”) be enrolled in a class of Art Quest (“Program”) sponsored by the Stark Museum of Art (“Museum”), a program of the Nelda C. and H.J. Lutcher Stark Foundation for Summer 2019. 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 6<sup>th</sup> Street beginning at 8:30 a.m. All campers should be picked up from the same location promptly at the ending time of that camper's particular session each day.
- Campers will only be released to a parent or guardian at pick-up. If someone other than a parent or guardian will be picking up a child, we must receive written authorization from the child's parent or guardian identifying the authorized person.

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. Lucher 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 4 and 5 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**