



## Animating Warkworth by Night

### PARTICIPANT RELEASE FORM JANUARY 27TH- MARCH 3RD, 2018

**IMPORTANT:** THE PARTICIPANT'S RELEASE FORM MUST BE SIGNED AND SUBMITTED TO THE ARTS & HERITAGE CENTRE BEFORE REGISTRATION CAN BE PROCESSED AND CONFIRMED.

1. THE UNDERSIGNED understands that ANIMATING WARKWORTH BY NIGHT is a 6 week workshop consisting of activities for children and adults to participate in such as, but not limited to the following:
2. Instruction and participation in: the making of costumes, masks and/or giant puppets.
3. The use of scissors, sewing machines, and recycled materials and other tools that may require supervision of an adult or parent

I also give permission for myself and/or my child(ren) to be photographed at Ah!, to be used in a slide presentation, brochure, facebook page, Instagram or on the website or to promote the event and/or the Arts & Heritage centre.

I desire that I and/or my child(ren) participate in the full program and all activities at the Animating Warkworth by Night workshops unless I advise the coordinator in writing below or from time to time. None of the allergies, disabilities or other conditions prevent my child from participating in all the activities outlined above.

I COVENANT AND AGREE to indemnify and release Ah!, its employees, staff, and volunteers, and save the harmless from and with respect to all suits, actions, and prosecutions, by reason of mine or my child's participation in the workshops and while in the care of the volunteers and staff of the Camp, all acting reasonably.

I ALSO COVENANT AND AGREE to indemnify and release the Municipality of Trent Hills, its employees, agents, servants, staff and volunteers, and save them harmless from and with respect to all suits, actions and prosecutions by reason of my child's participation in the Arts & Heritage centre (Ah!) and while in the care of the volunteers and the staff of Ah!, all acting reasonably.

I, the undersigned, have read and fully support this release.

\_\_\_\_\_

Date \_\_\_\_\_

*Parent/Guardian Signature*

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*Print name of Parent/Guardian*

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*Name of Participant*

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