



SUMMER ART CAMP 2015 PARENTAL CONSENT FORM

Parental Consent: I hereby give permission for my child _____ to participate in Summer Art Camp 2015 at Artspiration Studio. I hereby release & hold harmless Tangie Baxter dba Artspiration Studio, its staff, its representatives and or/agents from all liabilities and any mishaps that may befall my child _____ including, but not limited to, the activities in the studio and/or outside the facility/home.

Signature of Parent or Legal Guardian Date

Daytime Phone Number

Email

In case of emergency and above parent/guardian is not available please contact:

Name:

Phone:

Name:

Phone:

Does your child have any food allergies? Y N

(if your child has ANY food allergies please pack their own snacks)