



Name: _____

Address: _____

Phone: _____ Email: _____

RELEASE FROM LIABILITY

PERMISSION TO PARTICIPATE: I forever release Grandville Avenue Arts & Humanities (GAAH) and its agents, employees and representatives from any liability for any damages, injuries, or losses to any property or possession, resulting from or connected to my participation in the program, or otherwise incurred or arising while myself or my property is offsite or on the premises of the Cook Arts Center or the Cook Library Center or being transported between the two facilities.

MEDICAL CONSENT: In case of medical or other emergency, I authorize the agents, employees and representatives of GAAH to act on my behalf, including providing or obtaining medical attention or treatment; I understand that my emergency contact person will be contacted at the number provided and that only emergency care will be provided if she/she is unable to be reached. I shall be liable and agree to pay all costs and expenses incurred with such medical service.

Name of person to call in case of emergency: _____

Phone Number: _____ Alternate Number: _____

Relationship to you: _____

PHOTOGRAPH: I grant GAAH permission to photograph or videotape me and give GAAH the right to use, publish, reproduce and disseminate any photograph, film, videotape, recording or other likeness of myself obtained in connection with activities or programs of GAAH without payment or compensation to myself.

TRANSPORTATION: I forever release GAAH and other participating organizations and all of their agents, employees, and representatives from any liability for any damages, injuries, or losses to me or to any of my property or possessions, resulting from traveling by privately owned vehicles, busses, on foot, or on public transportation to or from the Cook Arts Center or other locations being traveled to or used for field trips, projects and/or events associated with GAAH.

I authorize investigation of all statements contained in this application and certify that all information is accurate. As a volunteer of Grandville Avenue Arts & Humanities, I will uphold its philosophy and mission. I understand that either party may terminate this agreement at any time with advance notice.

Applicant Signature: _____ Date: _____

PARENTAL PERMISSION FOR CHILDREN LESS THAN 18 YEARS OF AGE:

I, _____, grant permission for my child, _____, to participate in this program. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I hereby warrant to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. In the event of an emergency I hereby give permission for emergency medical transport and/or treatment.

Parent or Guardian Signature: _____ Date: _____

Thank you for your interest in Grandville Avenue Arts & Humanities! We look forward to working together to bring the arts and reading to friends and neighbors of the Grandville Avenue neighborhood in the spirit of community and friendship. We hope you enjoy being a part of this special community. Welcome to our team!