

Photography Parent Release Form

I do hereby grant to Chamblee First United Methodist (hereinafter "the Church"), use of the image(s) of my child(ren), as marked by my selection (s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the church's website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways:
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, internet and digital media. I agree that these images may be used by the church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any images.

I hereby **RELEASE** and **DISCHARGE** the Church, its officers, servants, agents and employees (hereinafter the "Released Parties") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me, or by my minor child of whom I am the parent or legal guardian ("the Participating Child"), as a result of publishing photographs and I **WAIVE** any and all rights to relief, whether legal or equitable, against any and all of the Released Parties for any such loss, damage, or injury.

I understand and represent that I have read this photography release form in its entirety, understand it and sign it voluntarily; that no representations, statements or inducements, other than as expressly set forth herein, have been made; and that I execute this form for full, adequate, and complete consideration, fully intending to be bound by the same.

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Date

Print Name of Parent/Guardian

Signature of Parent /Guardian

2015 M.A.D. CAMP

Music, Art, and Drama Camp



2015 M.A.D. CAMP

REGISTRATION FORM

Music, Art, and Drama Camp

CHAMBLEE FIRST
UNITED METHODIST CHURCH

FOR RISING 3RD GRADERS & UP
JULY 27-31



Friday, July 31 at 7:00pm
(participation required of all campers)

(Cut this page and keep this side for your records.)



Campers will have a hand in creating the set and designing costumes and invitations for the musical, Beauty and the Beast, to be presented Friday, July 31 at 7:00pm. All campers must be available for the final presentation. Speaking parts are available, plus campers will learn songs and fun choreography.

Drama, Music, Costumes, Set Director:

Allen Barbee 770-457-2525 ex 219

Stage Director: Kathryn Rodriguez

Art Director, Snacks Coordinator:

Chris Tench 770-457-2525 ex.211

Sound/Light Tech: Alexis Rodriguez



**Chamblee First United Methodist Church
Music, Art, & Drama Camp
Registration Form Summer 2015
Registration Deadline July 1, 2015**

I would like to register my child for:
Music, Art & Drama Camp July 27—31 from 9:30-12:30 with the final musical production on Friday, July 25 at 7:00 p.m. I understand that the registration fee of \$70 payable by check to Chamblee First United Methodist Church, is due no later than June 30, and should be turned in to Allen Barbee at the church: 4147 Chamblee-Dunwoody Rd. Chamblee, Georgia 30341.

Child's Name: _____

Name Called: _____

Grade your child will be in for the 2015/2016 school year? _____

T-shirt size _____ (Youth S, M, L, XL Adult S, M, L, XL)

Home Phone: _____ Birth Date: _____ Male / Female _____

E-mail _____

Address: _____
Street City State Zip

Mother's Name: _____

Business Phone: _____ Cell: _____

Father's Name: _____

Business Phone: _____ Cell: _____

Are there any medical (i.e. allergies etc.) / developmental / emotional problems or any special procedures required for the care of your child? If so, please explain.

Emergency Medical Contact:
Doctor Phone

Local Emergency Contact: (non-parent)

Authorized Pickup: (non-parent) Phone

(Continued on next page)

1. I hereby authorize a representative of Chamblee First United Methodist Church (CFUMC) to give consent for any and all medical care for my child while said child is in CFUMC custody. I further agree to be responsible for the expenses of any such medical care or treatment, including transportation expenses, and to hold harmless and release CFUMC, its pastors, employees, agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that might be suffered by said child as a result of such medical treatment or care or as a result of any reasonable palliative measures that such pastors, employees, agents or volunteers might take to said child's attendance by trained medical personnel.

2. The undersigned further releases holds harmless and forever discharges CFUMC, its pastors, employees, agents or volunteers from any and all past and further claims, damages, liability or cost arising out of or related to the aforementioned medical care and picture uses.

Signature of Parent/Guardian,

Date _____

Printed Name _____

**Complete the Photography Parent Release
Form On the Next Page**