## 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.

- $\Box$  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

# 2016 M.A.D. CAMP

## Music, Art, and Drama Camp



Signature of Parent /Guardian

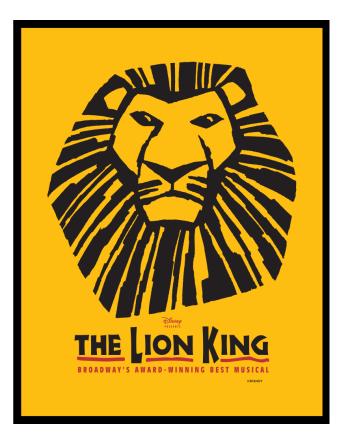
# 2016 M.A.D. CAMP

## **REGISTRATION FORM**

## Music, Art, and Drama Camp

**CHAMBLEE FIRST UNITED METHODIST CHURCH** 

FOR RISING 3RD GRADERS & UP JULY 25-29 9:30-12:30



Friday, July 29 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, The Lion King, to be presented Friday, July 29 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 2016**

I would like to register my child for:

Music, Art & Drama Camp July 25 - 29 from 9:30-12:30 with the final musical production on Friday, July 29 at 7:00 p.m. The registration fee of \$70 can be made payable by check to Chamblee First United Methodist Church and should be turned in to Allen Barbee at the church: 4147 Chamblee -Dunwoody Rd. Chamblee, Georgia 30341.

Child's Name:			<b></b>
Name Called:			
Grade your child will be in for	the 2015/2016 school yea	ar?	
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:	Ce	ell:	
Father's Name:			<u></u>
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

Local Emergency Contact: (non-parent)

Authorized Pickup: (non-parent)

Phone

Phone

(Continued on next page)

1. I hereby
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CFUMC, i
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Signature of Parent/Guardian,

Date

authorize a representative of Chamblee First United Methrch (CFUMC) to give consent for any and all medical care ld while said child is in CFUMC custody. I further agree to sible for the expenses of any such medical care or treatment, transportation expenses, and to hold harmless and release its pastors, employees, agents, and volunteers from any and for any injury, loss, or damage to person or property that suffered by said child as a result of such medical treatment or a result of any reasonable palliative measures that such pasloyees, agents or volunteers might take to said child's attend ained 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.

Printed Name

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