

Liability WAIVER

Whendy is thankful to say this is the thirteenth year of Art Camp with no injuries to any child so far.

Art Camp is packed full of art & activity. I recognize the possibility my child could receive an injury of some type. The activities are safe but an injury is possible even while under direct supervision. In consideration for allowing my child to participate in art camp I agree in no way to hold Trinity United Methodist Church, Whendy Merryman or her helpers liable for any and all injuries, known or unknown, which my child has or may incur by participating in art camp.

I further certify that in signing this form I authorize Whendy Merryman to administer first aid, contact my family physician for treatment, call for emergency treatment or to transport my child to a medical facility for treatment.

Parents signature _____ Date _____

Family doctor name & number _____

Please note any crucial medical information: