



P.O. Box 600 / 525 Main St., Quincy CA 95971
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PARTICIPANT RELEASE & WAIVER FORM

Liability Release: I, _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Plumas County Arts Commission's After School Art Program. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Plumas Arts and its directors, officers, employees and agents from any and all claims for damages or injuries to persons or property arising from the participation in services. I also agree to reimburse and make good to Plumas Arts any loss or costs Plumas Arts may have to pay as a result of any such action, claim or demand.

I am aware that: (1) my child's participation in the After School Arts Program, may involve certain risks, including, though not exclusively, unpredictable forces of nature, poor or no communications 2) activities include indoor art program and may include walking to a nearby outdoor area for outdoor sketching for a limited time.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Plumas Arts from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian X _____ Date: _____

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation may subject Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Program. In the event of such illness or injury, I authorize Plumas Arts to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Plumas Arts in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may occur on behalf of Minor for any illness or injury that Minor may sustain during the Program.

I represent that any medications to which Minor are allergic or medications that Minor is current taking are listed below:

Medications (if any): _____
Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

I understand that all medical related information for the Minor will be kept confidential and will only be used to obtain medical attention.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Plumas Rural Services from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent of Legal Guardian: X _____ Date: _____
Relationship to Minor: _____

PHOTO AND VIDEO RELEASE FORM

I hereby grant the Plumas County Arts Commission (Plumas Arts) and its legal representative permission, as a parent/guardian to (child's name) _____, to use my likeness in a photograph, video, or other digital media ("photo") during Plumas Arts Summer Arts program. I understand that said pictures or video recordings may be used in newspaper articles for promotion of Plumas Arts' programs, on a Plumas Arts promotional video, or included on the Plumas Arts website and/or social media page.

I understand and agree that all photos will become the property of Plumas Arts.

I hereby irrevocably authorize Plumas Arts to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Furthermore, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Plumas Arts from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

If under 18, Parent/Guardian must sign:

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

Date