



Walking Fish Pottery

**Parental Permission Slip ~**

**Clay and Paint Camp**

June 10-13, 2024

June 17-20, 2024

**CONSENT AND RELEASE FORM**

***Liability Release***

In consideration of \_\_\_\_\_ (name of participant) being accepted by Walking Fish Pottery for participation in the *Clay and Paint Art Camp* on June 10-13, 2024 or June 17-20, 2024, I do for myself and on behalf of my child-participant (if said child is not 21 years of age or older) here release, forever discharge and agree to hold harmless *Walking Fish Pottery* and their directors, agents, employees, assigns, and any subordinate units from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occurs while said child is participating in above listed activities. I have listed below any activity that my child should not participate in.

If the participant has not attained the age of 21 years: I am the parent or legal guardian of this participant, and thereby grant my permission for him (her) to participate fully in said event unless specific activities have been listed below.

***Authorization Signatures***

I have also read and agree to all statements in the liability release. I consent to my child's participation in the above activities.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date



Walking Fish Pottery

~ Medical Form ~

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade Completed \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_  
(number & street) (city) (state) (zip code)

Other adults you will allow to pick up your child from camp (must present ID and be on this list)

\_\_\_\_\_

**Emergency Information**

Person(s) to be notified in case of emergency if parent cannot be reached:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**Health Issues**

List any medical issues or allergies the participant has:

\_\_\_\_\_

List any health, behavioral, or emotional problems the participant has that may impact participation:

\_\_\_\_\_

**Activity Restrictions**

In regards to my child's health issues, I do not want \_\_\_\_\_,  
(child's name)

to participate in the following activities:

\_\_\_\_\_

I have discussed these restrictions with my child and he/she understands them and agrees to abide by them.

Participant \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_