



MINOR PUBLICITY RELEASE

As the parent or legal guardian of _____ (the "Minor") signing this Release, I certify that I am of full legal age and have the right to contract for and on behalf of the Minor.

As a student or volunteer of Mark Arts the Minor may be photographed, recorded, or have their likeness captured digitally while participating in Mark Arts classes and activities in the school, gallery, great hall and grounds throughout the year of 2018. Therefore, on behalf of the Minor, I expressly agree and acknowledge as follows:

1. **Publicity Release.** Mark Arts, and its affiliates, subsidiaries, designees, and grantees (collectively, the "Grantees") have the right to photograph and otherwise record the Minor's likeness and any other form of the Minor's identity related to Minor's participation as a Mark Arts volunteer (the "Recordings"). Grantees have the right to use, reproduce, distribute, publicly display, publicly perform, license, create derivative works of, sell, transfer, and exhibit the Recordings in any manner or form on any media now known or hereafter created unlimited as to method of reproduction or exhibit and without any territorial or time restrictions. All materials created by or on behalf of the Grantees using the Recordings are the property of the Grantees.
2. **Kansas Law.** This Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas. This Release is governed by and interpreted in accordance with the laws of the State of Kansas. If any court of competent jurisdiction holds any term of this Waiver and Release invalid, the invalidity of such terms shall not otherwise affect the enforceability of remaining terms of this Waiver and Release.
3. By signing this Waiver and Release, I agree and acknowledge that I have read the foregoing Waiver and Release, understand it, and sign it voluntarily my own free acts and deeds. No oral representations, statements or inducement, apart from this Waiver and Release, have been made.

DO NOT SIGN THIS RELEASE UNLESS YOU HAVE READ AND UNDERSTAND IT. SEEK LEGAL ADVICE IF YOU ARE UNSURE OF ITS EFFECT.

Mother/Father or Legal Guardian

Signature: _____

Printed Name: _____

Email: _____

Phone: _____

Date: _____

Minor

Signature: _____

Printed Name: _____

Phone: _____

Date: _____



YOUTH ACTIVITY EMERGENCY INFORMATION FORM

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

MEDICATION(S) TAKEN: _____

ALLERGIES TO MEDICINE OR FOOD: _____

1. In the event of accidents, injury or illness, where can parent/guardian be reached if not at home?

PARENT/GUARDIAN: _____ CELL/WORK PHONE: _____

PARENT/GUARDIAN: _____ CELL/WORK PHONE: _____

2. Who should the Mark Arts staff contact if parent/guardian cannot be reached?

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby represent that I am the parent and/or legal guardian of the above-named minor child. I request that my child be allowed to participate in the in the volunteer program, activity, or class at Mark Arts.

I give permission to the Mark Arts to obtain on my child's behalf, at my expense, any emergency medical treatment as deemed necessary in the sole discretion of Mark Arts in case of sickness, accident, or injury.

In consideration of the request to participate in the program, **I HEREBY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD, TO RELEASE AND FOREVER DISCHARGE MARK ARTS, ITS BOARD MEMBERS, OFFICERS, EMPLOYEES AND AGENTS** from any and all liability arising from Mark Arts providing emergency medical treatment to my child.

I have authority to enter into this authorization and hereby do so, on behalf of myself, my child and all parents and/or legal guardians of the child.

Signature of Parent/Guardian

Date