

# CONSENT FOR PARTICIPATION

## Beverly Shores Museum and Art Gallery, Inc.

commonly referred to as "The Depot"  
525 Broadway  
Beverly Shores, Indiana 46301-0305

**Kids Art Making Activity** (check one):

**Date** \_\_\_\_\_

- 5x5
- Painted Quilt Stories
- Architecture Prints
- Beading Craft
- To Be Announced

### Information About Participant

First name of participant \_\_\_\_\_

Middle initial \_\_\_\_\_

Last name \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

My child has approval to participate in *Second Saturday Kids Art Making Program*

on \_\_\_\_\_ Date: \_\_\_\_\_

With no restrictions \_\_\_\_\_

With restrictions \_\_\_\_\_

Please describe, if any \_\_\_\_\_

### Hold Harmless Agreement

I understand that participation by my child involves a minimal degree of risk. Activities may include: working with paints, scissors, paper, glue, and other art materials.

Having considered the risk(s) involved, I give consent for my child

\_\_\_\_\_  
Name of child

to participate in the activity presented by The Depot.

I understand that participation in the activity is entirely voluntary. I release The Depot, the activity facilitators, and all directors, officers, employees, volunteers, agents, and related parties of The Depot, from any and all claims or liability arising out of my child's participation.

Parent/guardian/responsible person signature

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Date \_\_\_\_\_

Parent/guardian/Responsible person printed name

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