

# Permission Statement, Liability Waiver and Media Release

New Era Creative Space (NECS)

1016 Brown Street, Peekskill NY 10566

Child(ren) Name: \_\_\_\_\_ Age(s): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Summer Camp Attending: \_\_\_\_\_

\_\_\_\_\_ Has his/her parent/guardian's approval to participate in all activities conducted at NECS, \_\_\_\_\_ Without restrictions; or \_\_\_\_\_ With special considerations or restrictions (list and describe).

## Permission Statement/Waiver

I hereby give permission for my child \_\_\_\_\_ to participate in the program conducted at New Era Creative Space, LLC. Permission shall include but not be limited to all activities scheduled. I understand that participation in physical activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and my child to participate in the activity. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release New Era Creative Space, LLC and related parties or other organizations associated with the program from any and all claims or liability arising out of this participation.

In case of an emergency involving my child, I understand that every effort will be made to contact me. In event I cannot be reached, I authorize New Era Creative Space, LLC or its designated representative(s), as agents for the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any Physician or Surgeon licensed under the provisions of the Medical Practice Act.

Medical Insurance Company & Policy Number: \_\_\_\_\_

Any known allergies: \_\_\_\_\_ Medications CURRENTLY: \_\_\_\_\_

Any known reactions to medication: \_\_\_\_\_

Name & Number of child's physician: \_\_\_\_\_

Signature of Parent of Legal Guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

## Photo and Press Release Waiver Form

In an effort to reach more children and expose them to creative experiences offered at NECS, we would like to use pictures of your child at work.

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_. I have read and understand the provisions of this document. **I grant permission** to NECS to photograph my child while s/he is working on projects or participating in a class and use his/her image in the program's lawful advertising materials including press and website entries, without payment or any other consideration.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**I decline permission** to use my or my minor child's photographs in any publication.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date