



THE CENTER
FOR THE ARTS & SCIENCES

Summer at The Center Permission Form

I certify that _____ has my permission to participate in Summer at The Center activities at The Center for the Arts & Sciences. I authorize the volunteers of Brazosport Art League, Brazosport Museum of Natural Science, Brazosport Center Stages, Brazosport Planetarium and The Center for the Arts & Science to act for me according to their best judgment in any emergency requiring medical attention. It is understood that I will be responsible for the cost of any emergency transportation and for subsequent emergency care.

I hereby release and hold harmless Brazosport Art League, Brazosport Museum of Natural Science, Brazosport Center Stages, Brazosport Planetarium and The Center for the Arts & Sciences for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this program at The Center for the Arts & Sciences. I know of no mental or physical problem which may affect my child's ability to safely participate in this program. In case of emergency, the physician to be contacted is shown below.

I hereby grant Brazosport Art League, Brazosport Museum of Natural Science, Brazosport Center Stages, Brazosport Planetarium and The Center for the Arts & Sciences permission to publish photographs and video in which my child is included in whole or in part, for use in advertising or any other lawful purpose whatsoever for Brazosport Art League, Brazosport Museum of Natural Science, Brazosport Center Stages, Brazosport Planetarium and The Center for the Arts & Sciences. I hereby waive any right that I may have to inspect and approve the finished product, the advertising copy that may be used in connection therewith, or the use to which it may be applied.

In case of emergency, the physician to be contacted is:

Participant Name(s): _____

Name of Physician: _____ Physician's Phone: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Date: _____