



**SUMMER CREATIVITY CAMPS  
REGISTRATION & RELEASE FORMS**

Thank you for participating in the Salida Creative District's Summer Creativity Camps! Registration opens February 24 at 9:00am. Each weekly camp is \$155. Register online at <https://salidasteamplant.com/summer-creativity-camps/> or complete the Registration and Release Forms below and submit with payment at The Salida SteamPlant, 220 W Sackett Ave., Salida, CO 81201. Business hours are 9:00am-4:00pm Monday-Friday. Registrations will be time stamped upon receipt, and registrations are accepted until full. Register early as camps fill quickly. **CANCELLATION & REFUND POLICY:** Should you need to cancel your child's registration, please send written notice 14 days prior to the start of camp. No refunds will be issued after the start of camp. *Thank you!*

Child First name: \_\_\_\_\_ Child Last name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Pronoun(Circle): She/Her He/Him They Rising grade in Fall, 2022: \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian 1 First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Emergency Phone 1: \_\_\_\_\_ Emergency Phone 2: \_\_\_\_\_

Parent/Guardian 2 First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Emergency Phone 1: \_\_\_\_\_ Emergency Phone 2: \_\_\_\_\_

**Additional Adults Authorized for pick up:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

List any allergies, medical conditions, or special needs staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**REGISTRATION. Please (x) check the camp(s) you are registering your child for:**

\_\_\_\_ June 5-8 GARDEN PARTY: Guest artist Lynn Van de Water, painter and educator

\_\_\_\_ June 12-15 CLAY CREATIONS: Guest artist Missy Brand, ceramicist

\_\_\_\_ June 26-29 PATCHES 'N HATS: Guest artist Brink Messick, painter and mixed mediums

\_\_\_\_ July 10-13 JUNIOR PHOTOGRAPHER: Guest artist Jon Resnick, photographer

\_\_\_\_ July 17-20 INTERNATIONAL PUPPETRY: Guest artist Krista Jarvis, marionettes & costumes

\_\_\_\_ July 24-27 VINYL & FOLK: Guest artist Lindsay Sutton-Stephens, folk artist & producer

<b>OFFICE USE</b>	DATE:	TIME:	RELEASE:	PAYMENT RECEIVED:	CONFIRMATION:
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**SUMMER CREATIVITY CAMPS RELEASE FORM**

**PARTICIPANT/CHILD'S NAME:** \_\_\_\_\_

**PARENT/GUARDIAN's NAME:** \_\_\_\_\_

**CAMP NAME(S):** \_\_\_\_\_

**Release**

As the participant and/or parent/legal guardian of the minor child listed above, and in consideration for allowing myself or my minor child to participate in the city's arts & culture program(s) and activities noted above, I hereby acknowledge and agree as follows on behalf of myself and my child:

1. I have requested that I or my minor child be allowed to participate in the city's arts & culture program(s) and activities recognizing that such participation involves, or may involve, risks, both known and unknown, of physical injury or illness.
2. I represent that I and/or my child is physically capable of participating in the arts & culture program(s).
3. By signing this release, I \_\_\_\_\_ on behalf of myself and my minor child, expressly assume all risks, known and unknown, of injury, illness and property damage to myself, my minor child, or to any third party arising from or related to my or my child's participation in the city's arts & culture program(s), whether caused by the act, error, omission, or negligence of the city, its employees, officers or agents, or by another person or cause.
4. By signing this release, I \_\_\_\_\_ on behalf of myself and my minor child, expressly exempt, waive, release and discharge in advance the city, its employees, officers and agent, from any and all claims, liabilities, actions, or damages for injury, illness or loss that may arise from my or my child's participation in the city's arts & culture program(s) and activities, whether caused or created by the acts, errors, omissions, or negligence of the city, its employees, officers or agents, or some other person or cause; and I further agree to hold harmless and indemnify the city, its employees, officers and agents, from any and all injuries, damage, loss, claims or demands which arise from or are related to my or my child's participation in the city's arts & culture program(s) and activities.
5. I understand that this agreement incorporates the entire understanding and agreement between myself, my minor child, and the City of Salida, its officers, employees, agents and representatives, and that it cannot be modified or changed in any way by the statements, promises or representations of any employee or agent of the city, and that this agreement is intended to be as broad and inclusive as permitted by the laws of Colorado, and that if any portion is held invalid or unenforceable, the remaining portions shall continue in full legal force and effect.
6. By executing this agreement I also do hereby authorize the city, its employees, officers and agents, to provide and/or consent to emergency medical or surgical examination and treatment for myself or my minor child in the event of injury or illness occurring to me or my child while participating in any city arts & culture program or activity.
7. I consent for my child participating in Salida Arts & Culture events being photographed, and for these photographs being used in marketing publication, online media. I release the city of any claims, of any nature, based on the above.
8. I understand that at times I or my minor child will walk to/from Riverside Park with staff and this will release the City of Salida from all liability for any adverse results that may occur. I agree to release the City of Salida and its employees and officers from all liability with reference to walking to and from Riverside Park.
9. My signature below indicates that I have read this document in its entirety, that I understand it completely, and that it affects my legal rights and the legal rights of my child, and that I, along with all heirs, assigns and personal representatives for myself and my child, agree to be bound by its terms. I also acknowledge that I am providing this waiver and release in advance for the benefit of the city knowing that all possible risks or causes of injury can neither be foreseen nor eliminated.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please remit payment with completed Registration and Release forms to:  
Salida SteamPlant Event Center, 220 W Sackett Ave., Salida, 81201**