

INDIANAPOLIS



The following information will be entered into our database system. This information will remain completely private and only used by the Youth and Teen Programs Manager for relevant correspondence or in case of an emergency.

CONTACT INFORMATION

Parent/Guardian Name: _____

Youth's Name: _____

Mailing Address: _____

Parent/Guardian's Phone: (_____) _____ - _____

Youth's Phone: (_____) _____ - _____

Parent/Guardian Email Address: _____

Youth's Email Address: _____

Youth's date of birth: ____/____/____ High School Graduation Year: _____

Youth's Race/Ethnicity (optional): _____

Youth's Gender (optional): _____

Best way to reach parent/guardian: Phone Text Email

Best way to reach youth: Phone Text Email

Why do you want to join TAC? _____

WAIVER AND RELEASE OF LIABILITY

The Indianapolis Art Center (IAC) will take every precaution to provide for the protection and safety of minor age child. In the event of an emergency or accident, the IAC will, to the best of our ability, provide first aid and notify the parents or emergency contact via the phone numbers provided below. I waive and release all claims for liability that I may have against the Indianapolis Art Center, Inc., including all its directors, officers, employees, agents and instructors, for any injury, loss, or damage that may arise out of or in connection with IACTAC classes or field trips; which can include classes like drawing, metalsmithing, painting, printmaking, sculpture and ceramics. I acknowledge that this waiver and release is given in return for, and in consideration of, the Art Center's allowing me to participate in the IACTAC program.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

STANDARD APPEARANCE RELEASE

Person Appearing (minor): _____

Project: IACTAC Production Date: ONGOING

Production Location: INDPLS ART CENTER, 820 E. 67TH ST. INDPLS, IN 46220

I agree to allow the Indianapolis Art Center to use, in whole or in part, my and/or Minor's name, likeness, image, voice, biography, interview and performance in connection with the Project, in all manner and media, including the internet, as Indianapolis Art Center shall determine in its sole discretion. Indianapolis Art Center, its successors and assigns, shall own all right, title and interest, including the copyright(s), in and to the Project, to be used and disposed of throughout the world in perpetuity without limitation as Indianapolis Art Center shall determine in its sole discretion.

I represent that I am a parent or guardian of the Minor and I hereby agree that we shall both be bound thereby. I understand that this agreement holds the Indianapolis Art Center and its successors and assigns harmless from any liability resulting from the use of these materials, and that there will be no compensation paid for the use now or in the future.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY INFORMATION

Youth's Name: _____

Parent/Guardian Name: _____

Parent/Guardian's Phone: (_____) _____ - _____

Youth's Phone: (_____) _____ - _____

Emergency Phone: (_____) _____ - _____

Family Physician Name: _____

Family Physician's Phone: (_____) _____ - _____

Allergies, medication and/or medical issues we should be made aware of: _____

Procedure for staff or artist/faculty on how to assist your child if there is a medical issue: _____

Return to:

Indianapolis Art Center

820 East 67th Street, Indianapolis, IN 46220

(317)255.2464