

# Summer Art Camp With Artist Jennifer Gayneaux Vermilion Parish Talented Visual Art Teacher

Date: Monday, May 27th through Friday, June 1st

**Location: VC Lower Campus Art Room** 

Session 1: **9AM-12PM** (Students finishing grades 1-3) Session 2: **1PM-4PM** (Students finishing grades 4-6)

Cost: \$135/child

Limited seating in both sessions.

# Project Activities Include: Drawing, Sculpting, Building, Painting and More! All supplies will be provided as well as a small snack and drink each day.

**Release of Liability:** I hereby release and agree to indemnify and hold harmless Vermilion Catholic, a legacy of Mount Carmel, Jennifer Gayneaux and camp volunteers from any and all losses, claims, damages, liabilities, costs and expenses (including attorney fees) which a child may sustain or incur in any way arising out of or in connection with the child's participation in any and all camp activities.

**Medical:** In the event of a medical emergency, I hereby give permission to Jennifer Gayneaux and/or medical personnel to secure, at my expense, proper treatment as necessary, for the child(ren) named in this Registration Form. I understand that all reasonable efforts to contact me will be made should an emergency arise.

**Photography Release:** In consideration of child(ren)'s participation in the 2024 Summer Art Camp at VC, I hereby grant permission to Mrs. Gayneaux to utilize my child(ren)'s appearance or artwork in any future registration materials in print or through social media for the purpose of promotion, reporting or publication.

By signing below and completing the registration process, I agree to all the terms and conditions listed above.

## Return this form with payment to your child's teacher at VC.

Parent Name:	Email:
Contact # (can add several numbers if needed):	
Emergency Contact Name & Phone #:	

### Once your child is registered, you will receive an email with more specific camp information.

Child's Name (If more room needed, go to back):	<b>Grade</b> ('23-'24):	Session Registering for Circle one:	
		1	2
		1	2
		1	2



# FRESHWATER FISH of LOUISIANA



### Art Camp Waiver and Release of Liability Form

I hereby give my permission for my child(ren) to participate in the 2024 Summer Art Camp with Jennifer Gayneaux, Artist, on the Vermilion Catholic, a legacy of Mount Carmel campus. Participation in any program exposes campers to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers. I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the camp's program.

PRINT Parent/Legal Guardian Full Name:		
SIGNATURE of Parent/Le	gal Guardian:	Date:
Name of Camper(s)/Age(s	):	
behalf and on behalf of my Catholic, a legacy of Mour legal or financial responsil or related to my child(ren make any type of legal or e of its trustees, officers, em whether or not it arises th including other campers.	child(ren), I hereby volunt of Carmel, its trustees, obility for any personal injury's participation in the 20 quitable claim on Jennife ployees, agents, insurers rough the negligence, or I further agree that if any	Liability Form, with full appreciation of the risk involved, on my own ntarily release and forever discharge Jennifer Gayneaux, and Vermilion officers, employees, agents, insurers and contractors from any and all ury, disability, illness, damage, medical expense or death, arising from O24 Summer Art Camp. I agree, for myself and my child(ren), not to er Gayneaux, and Vermilion Catholic, a legacy of Mount Carmel, or any or contractors with respect to any injury I or my child(ren) may suffer, mission, default or other action of anyone affiliated with the program by such claim is made, I will indemnify and defend Jennifer Gayneaux with respect to any such claim, injury or damage.
I accept	I decline	photography release for my child(ren)
permission to Mrs. Gayr	eaux to utilize my chil	n)'s participation in the 2024 Summer Art Camp at VC, I hereby grant ld(ren)'s appearance or artwork in any and all manner and media a, reporting or publication.
I accept	I decline	medical care for my child(ren)
give my permission for he	r to administer any medic ent for my child(ren) while	eaux will make every effort to contact me in the case of an emergency. I cations needed and to provide and arrange for and consent to any e in her care at VC, including onsite and offsite emergency care. I al treatment.