

Arts for All of Northern Michigan Access Grand Traverse Registration and Consent Form

Participant Name	
Address	
Home & Cell Phone Numbers	
Minor	Y / N
Emergency Contact Name	Emergency Contact Telephone Number
Emergency Contact Name	Emergency Contact Telephone Number
Known Allergies or Medical Conditions	

I understand that all personal care, behavior management and medication needs must be managed by the participant independently or his/her parent/guardian and/or personal staff.

I recognize the risk of injury while participating in Access Grand Traverse activity and agree to hold harmless, waive and release Arts for All of Northern Michigan and all of its affiliates, managers, directors, volunteers, representatives and assigns from any and all claims or causes of action for liability.

Signature of Participant/Parent or Guardian _____

Print Name _____

Date _____

Photo/Video Consent

Participant _____

-----Yes, I grant unrestricted right and permission to Arts for All of Northern Michigan to use and publish the participant's name, any photographic or video image, likeness or sound recording of the participant in any advertising, educational or other promotional materials.