



ENCOURAGING CREATIVITY AND HEALING THROUGH ART

CHILD PARTICIPATION CONSENT AND INDEMNITY FORM

Please fill in this document completely and make sure it gets back to the Butterfly Art Project!

Name and surname of child:

.....

Date of birth of the child:

.....

Grade the child is currently in:

.....

Home Address:.....

Does your child have any specific/chronic medical conditions? If so, please

describe them:

Name of parent/guardian:

Telephone number parent/guardian:

Additional emergency contact (different to your contact details):

- Name:

- Telephone number:

- Relationship to child:

Butterfly Art Project

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Please read the following information carefully, or have somebody read it to you and sign at the bottom.

I, hereby grant permission for my child, mentioned above, to attend Heart for Art classes organised by the BUTTERFLY ART PROJECT (referred to as BAP in this document).

I agree that my child will accept and follow all BAP's rules.

I confirm that my child's participation in Heart for Art activities is entirely voluntary.

I confirm that some of the artworks created by my child may be claimed and owned by BAP. These artworks may be displayed, re-used and reworked in print or any other form to raise funds or increase the awareness and promotion of BAP's work.

Any income generated from the sale of artworks created by my child will be divided between BAP and the 'artist' (my child) with terms agreed to in BAP's standard sales agreement.

I give permission for BAP to transport my child for field trips and other outings/excursions organized by BAP. This can be by private motor vehicle or public transport.

I agree to indemnify BAP, its employees or partners for any loss, damage, injury, illness suffered by my child as a result, directly or indirectly, of attending Heart for Art or participating in its activities.

I give permission to BAP to use any photographs or images of my child that are taken by BAP employees or photographer during their attendance at Heart for Art. These may be used for promoting BAP's work if they do not go against the ordinary rights of the child. I give up any right to claim compensation for the use of any photographs.

I confirm that I have read and agree with all the above terms and conditions.

Signed at (place):

On (date):

Full name of guardian/parent:

Signature: