TEMISKAMING ART GALLERY

325 Farr Drive, P.O. Box 1090, Haileybury, Ontario. P0J 1K0

Telephone: (705) 672-3706 Email: temiskamingartgallery@gmail.com

Web Page: www.temiskamingartgallery.ca

Parental Permission Form

For activities organized by the Temiskaming Art Gallery

I am aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be taking part in the Junior Artists’ Colony 2019 children’s art camp run by the Temiskaming Art Gallery. The workshops will take place at the Palette & Brush Club on July 22nd – 26th from 9:00 am to 12:00 pm. Parents / Guardians are expected to drop off their children at the Palette & Brush Club located at the Haileybury Arena (400 Ferguson Ave, Haileybury) between 8:50 and 9:00 am. Children need to be picked up at the Palette and Brush Club. Please specify who will do that. Parents / Guardians should also provide their child with appropriate studio clothing, and a mid-morning snack. Materials will be provided for the workshop.

The Temiskaming Art Gallery has permission to photograph my child and use these photos in future publications. Yes \_\_\_\_\_ No\_\_\_\_\_

**If your child has any allergies or other considerations please state them here:**

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

**In the event of an emergency please provide an emergency contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Health card number of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all activities, the children will be supervised by a staff member of the Temiskaming Art Gallery, and an artist facilitator and volunteers from the community. The Temiskaming Art Gallery, Staff, Board of Directors, Contracted Staff and Volunteers will not be held liable for any loss or damage incurred to any property or person while participating in any Temiskaming Art Gallery activity on or outside of the Palette & Brush Club premises.

Date: \_\_\_\_\_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_