

# Emergency Contact and Photo Release Form

\_\_\_\_\_  
Child's name and age (Print)

\_\_\_\_\_  
Camp attending

I give permission for my child to accompany Duluth Art Institute instructors on walking field trips outside the Depot and Lincoln Park Building.

Also, the staff of the Duluth Art Institute often takes photographs of its art classes and students in action. These pictures are used in our newsletters and promotional materials, advertising our education programming. If you do not wish to have your child's likeness reproduced for the promotional purposes of the Duluth Art Institute please specify below and we will respect your privacy.

\_\_\_\_\_  
Name of Parent or Guardian (Print)

\_\_\_\_\_  
No photos please

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Parent or Guardian Info:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please include **at least one additional** emergency contact:

Emergency Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list any medical information that DAI Art Camp instructors should be aware of, including any allergies:

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