



PORTSMOUTH ARTS GUILD
CENTER FOR THE ARTS

P. O. Box 463
Portsmouth, RI 02871

CHILDREN'S PROGRAM WAIVER

**PRINT AND RETURN WITH REGISTRATION FORM TO PAG WORKSHOPS,
P. O. BOX 463, PORTSMOUTH, RI 0287**

Name of Child (First/Last) _____

Parent/ Guardian Name: (First/Last) _____

Relationship to the Child _____ Child's Age _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Portsmouth Arts Guild, its officers, directors, employee, instructors, from any claim arising from or in connection with my child attending this Portsmouth Arts Guild program, in connection with any illness or injury or cost of medical treatment in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Any medical concerns have been listed on the Registration Form.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor, in the event of an emergency, if you are unable to reach me at the above numbers contact

Name _____ Phone _____

PAG is not responsible for preventing the spread of Covid 19. Vaccinations, face masks, and other protections are the responsibility of the undersigned guardian.

Signature _____ Date _____

Return with Registration Form to: PAG Workshops, P.O. Box 463 Portsmouth, RI 02871.
For any questions, please contact Jan Burling, Education Coordinator at workshops@portsmoutharts.org