## Summer Art Program

ERC's Summer Art Program: Students will create a variety of drawings, paintings, and sculpturers in six art sessions. These classes will be taught by Marta Reese. Students will participate in the age division of the grade completed in May 2025

Registration Deadline: May 21, 2025

**Fee:** \$20.00

Dates: Every Tuesday starting June 3rd through July 8th

**Session 1**: 1st though 3rd grade Time: 9 am– 10:15 am **Session 2**: 4th through 6th grade Time: 10:30 am– 12pm

\*\*Max of 12 students per each session

Open House: Saturday, July 12th 9am-11am

Pd SCH Date

Cash Check Credit Name:



Address:	City:	
DOB: Grade:		
Print Father's Name	Ph	
Print Mother's Name	Ph	
Emergency contact: (Other than parent/le	egal guardian)	
Name	Ph	
List medical conditions if any:		

that such treatment will be sought only in the event of an emergency. WAIVER RELEASE STATEMENT: A
a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I
agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree
waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defen
the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, inclu
ing loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of, connected with or in any way associated by me and arising out of the connected with or in any way associated by me and arising out of the connected with or in a connected with or
ed with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion
any photograph (s) taken of the participant while participating in any activity and waive any and all claims that
the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to hav
resulting from such photograph (s) or reproductions thereof. WAIVER/RELEASE FOR COMMUNICABLE
DISEASES INCLUDING COVID-19 In consideration of being allowed to participate on behalf of Ellis Recre
tion Commission athletic program and related events and activities, As a participant in this program I acknow.
edges, appreciates, and agrees that: Participation includes possible exposure to and illness from infectious dis-
eases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal disci-
pline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREEL
ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE (
THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to com
ply with the stated and customary terms and conditions for participation as regards protection against infectiou
diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I w
remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for
myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE ANI
HOLD HARMLESS Ellis Recreation Commission their officers, officials, agents, and/or employees, other
participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used
to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY,
DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF
RELEASES OR OTHERWISE, to the fullest extent permitted by law. All Ellis Rec issued equipment must
returned to the Ellis Rec at the end of season. If equipment is not returned to the Ellis Rec, the participant may
be charged a fee for the replacement of the of the unreturned equipment.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:
Participant signature:
Date signed:
FOR PARTICIPANTS OF MINORITY ACE (INDER ACE 10 AT THE TRAFF OF REGISTRATION)
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)
This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explaine
the provisions in these waiver/release to my child/ward including the risks of presence and participation and hi
her personal responsibilities for adhering to the rules and regulations for protection against communicable dis-
eases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my
spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself
my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all
liabilities incident to my minor child's/ward's presence or participation in these activities as provided above,
EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.
Name of parent/guardian:

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental

treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and

**REGISTRATION DEADLINE MAY 21, 2025** 

Parent Email:

Parent guardian/signature: