

Print this form and fill it out then fax or mail it to us:

Fax: 775-882-3497

Mailing Address: 3955 Golden Eagle Lane

Carson City, NV 89701

**WILD HORSE ACADEMY OF THE ARTS
CLASS OR WORKSHOP
PARTICIPATION AND LIABILITY FORM**

Participant's Name: _____ Age _____

Class/Workshop _____ Date(s) _____

Tuition Fee: _____ Paid: ___ Cash ___ Check ___ Credit Card

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work/Cell _____ Email: _____

Emergency Information:

1. Any special needs/medications and/or medical problems (allergies, etc.):

2. Emergency contact: _____ Phone _____

I, (Parent/Guardian), grant permission for my child, _____, to participate in this Wild Horse Children's Theater class or workshop at the Children's Museum of Northern Nevada. This activity will take place under the guidance and direction of Wild Horse Children's Theater staff and/or volunteers from Wild Horse Children's Theater.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Wild Horse Productions, Wild Horse Children's Theater, the Children's Museum of Northern Nevada, its officers, directors and agents, and the chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the class or workshop or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Wild Horse Children's Theater, its officers, directors and agents, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

Print Name: _____