



Art Camp

Teens age 13-18

Thursdays June 13th – July 18th CoEd Class

1:00-3:00 pm (week of July 4th off)

Suggested donation amount \$100.00 for 5 week session.

First time House of Healing participants should also complete the participant packet.

Student's Name : _____

Address : _____

City, State, Zip: _____

Date of Birth: _____ School/ Grade: _____

Parent(s)' or guardian Names: _____

Parent(s)' or guardian Phone: _____

Parent(s)' or guardian Email: _____

House of Healing 7300 Britton Road NE El Reno, OK 73036

The undersigned, as a participant or volunteer at a House of Healing, inc event, does hereby agree on behalf of participant or volunteer, their heirs, legal representatives and assigns, (Participant) to exempt, release, indemnify and hold harmless House of Healing, inc, its board of directors and sponsors from and against all liabilities, costs and expenses which they may jointly or severally incur to the Participant in respect of any claim, suit or cause of action of any kind or nature arising from, related to or on account of any Participant present at or participating in any House of Healing, inc event including, without limitation, any injury, damage to property or loss of property caused by any Participant, sponsor or their agents, employees or servants, and any person with whom House of Healing, inc. may have contracted for services. Participant shall obey all applicable laws, written or oral, direction, practices and procedures with respect to safety and conduct. Participant understands and agrees that House of Healing, Inc. may use participants name, photo, or video in advertisement or reporting of any event. Participant also agrees to be held accountable for any action or damage they may cause to property or persons at any House of Healing, inc. event. This indemnification shall also be valid for participants under the age of 18 when signed by a parent, guardian or other caretaker of such Participant. I have read and understand the above and agree to abide by these and any other posted or spoken rules while at House of Healing, Inc's property or events.

Parent or Legal Guardian Signature: _____ Date: _____