

For Office Use Only: Amount Paid \$ _____ Check # _____ Date: _____

heArt of epiphany ♥ artist application

Emergency Contact Information & Liability Release

This form and payment must be completed before your child can participate.

If applicable please mail application and payment to:

Epiphany Lutheran Church
Attention: heArt of epiphany ♥
268 Hill Road North
Pickerington, Ohio 43147

*Please make checks payable to:
Children's Art Studio

Artists' name _____ Grade _____ School _____

Parent's name _____

Address _____

Email _____

Phone _____

Emergency Contact name & phone _____

Does your child have any: allergies, medical, behavioral, or physical conditions or any other special needs?

Consent for Publication of Materials

___ I give my permission to Anna Kuenzli to publish material related to my child which may include photos or artwork.

___ I do NOT give permission to Anna Kuenzli to publish material related to my child.

I hereby release and discharge Anna Kuenzli and those working with her from any and all liability, actions, causes of actions, debts, claims, damages, or loss which may occur during my child/children's participation at 268 Hill Road North, Pickerington, Ohio 43147. I understand and agree with the above information.

Parent's Signature _____ Date _____