

GIRLS' ARTS PERMISSION, LIABILITY WAIVER AND REGISTRATION
SESSION DATES: JUNE 21-26, 2015

Name: _____ DOB: _____

Address: _____

Phone (List all): _____

Parents' Names: _____

Parents' Email (List all): _____

Health Insurance: _____

Primary Physician: _____ Address: _____ Phone: _____

Date of Last Tetanus Shot: _____ Allergies /HealthConditions: _____

Medications: _____ Dietary Restrictions: _____

Art Interests/Experience: _____

I, _____, give permission for my child, _____, to participate in Girls Arts Retreat 2015 under the supervision of volunteer staff and visiting artists at Still Point. I relieve Rolling Ridge Foundation, Rolling Ridge Study Retreat, its staff community and board, Still Point Retreat owners, Friends of Silence, its staff and board, and adult(s) involved in this retreat program of any liability in the event of accident, injury, or damage. I give permission for supervising adult(s) to seek medical attention for my child in my absence and attest that my child is insured for such care. I acknowledge that wilderness programs may include such activities as hiking, swimming, and exploration in pond or river without lifeguards. I acknowledge that exploration of the natural world involves risks. My child will participate at our own risk. I agree to hold harmless those adults and entities above-mentioned. I give permission for my child to participate. Use other side of this form to clearly list any and all exceptions to permission, i.e. "may not swim", "may not hike", etc. In the event of any emergency, if I cannot be reached, please contact:

Signature of Parent(s): _____ Date: _____

I, _____, come with an open and willing spirit, agreeing to follow the rules of Rolling Ridge, Still Point, and the adult mentors for a safe and cooperative retreat.

- Rules:
1. All children must follow adult directions in cabin, on grounds and at pond.
 2. Children must remain with adult at the pond and/or river at all times.
 3. Every child under 18, no matter how good a swimmer, MUST wear a life jacket in the pond, on the floating dock and for any river activities.

Signature of Retreatant: _____ Date: _____

To Register, return this form with \$100 deposit to: Mary Ann Welter, 3806 30th Street, Mt. Rainier, Md. 20712
Checks payable to "Friends of Silence"