PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721 Email: Recreation@pelhamweb.com Fax: 603-508-3094

ART Classes for Kids!

Six Thursday's – 5:30pm-6:30pm

May 2nd through June 6th

Cost: \$100.00 - Registration deadline is April 26, 2024

Participant Release Form

Participant Name: _		Age:	DOB (required):		
Address:		Town:	State:	Zip:	
Parent Names:	ent Names: Home phone number:				
Mother's cell phone	e:	Father's cell phone:			
Email address:					
the basement of tare each 1 hour in out designs on pa This prograbrasions, broken condition. Any limit Participant take part in this prothan sketchbook. Please lis	the First Congregational of length. Materials are incomper first. It is posses limited risks to bones, concussions, heard tations regarding physical costs should wear comfortable ogram. Participants will be st any physical or other costs.	me basics of art exploration. Classes a Church, 3 Main Street, Pelham NH. Ocluded. Students are welcome to bring the participants. These risks may included attacks and even death. We advise capabilities should be made known to Pele clothing that could be permanently stair introduced to the basics or art using a national condition, medications the participant is full to insure participants' health and safet	ur art instructor is Jeig a sketchbook from he de but are not limited that all those participat ham Parks and Recreatined. No prior knowledge we medium every week taking, dietary restrict	n Brahim. The classes ome to use to help plan to bumps, bruises, cutsing be in good physica on Department. The or skills are required to supplies included other	
has which might a equipment, if neede including risks while leaders/coaches/su I, the und Recreation Dept, it debts, claims or de directions of the ad exigencies which of reasonable care for You have	affect his/her participation. ed, which will be in good we hich are not specifically upervisors. dersigned, hereby agree t ts employees, agents, represends of any kind for prectivity leader or resulting fraccur during the activity; pro- treat the safety of the participar my permission to have	rmation provided above. I have noted a He/she meets the standards required orking condition. I assume all of the risks foreseeable. I will follow the rule to release, indemnify, save and hold by the resentatives, coaches, volunteers, from roperty damage or personal injury resultion the exercise of judgment by the lead ovided, however, that nothing contained but during the course of the activity appropal physician attend to myself or my contained for may be videotaped or photographed for	If for participation and of some participation and regulations properties and regulations properties the Town of any and all liability, acting from failure to obey der in good faith responderein shall excuse any riate to the circumstance hild/ren, if it is deemed	will have the necessary he nature of this activity ovided by the activity Pelham, the Parks and ions, causes of actions a safety regulations and use to emergencies and of the leaders to act with the cause of the safety regulations.	
Signed this	day of	, 20	Signature of parent/guard	lian	
In case of emergency	and the parents/guardians car	nnot be reached, please contact:	ga 5. pa.5.10 gadic		
Name:		Relation:			
Town/City/State:		Tele	phone:		