



**Attendee Release and Parental Authorization**

**Color Me Mine** \_\_\_\_\_  
**Address:** \_\_\_\_\_

Color Me Kids \_\_\_\_\_ (Date)  
Name of Attendee: \_\_\_\_\_

By my signature of my free will, I do hereby agree to indemnify and save harmless, Color Me Mine \_\_\_\_\_ ("city) from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me, or any party to whom I am responsible.

The attendee's parent/legal guardian consents to any employee, agent, or other personnel affiliated with Color Me Mine ("Color Me Mine Personnel"), to seek medical attention and treatment of other measures deemed necessary or advisable in the discretion or judgment of Color Me Mine Personnel for the above-named attendee in the event of an accident, sudden illness, or other condition that occurs while the above-named attendee is in the care or under the supervision of Color Me Mine Personnel.

The parent/legal guardian signing this form releases Color Me Mine and all Color Me Mine Personnel from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

Any photographs/videos taken by the Color Me Mine Personnel are considered property of Color Me Mine and may be used in marketing and advertising materials. I give my permission for use of these photographs for media use by Color Me Mine.

\_\_\_\_\_  
Signature of Parent or Guardian (If Attendee is 18 years or younger) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address City / State / Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Allergies/Special Concerns: \_\_\_\_\_

**Sign Out Authorization**

Color Me Mine will only release your child(ren) to individuals you authorize. Please provide all of the information below.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_