



## Attendee Release and Parental Authorization

Color Me Mine of Frisco • 3401 Preston Road, Suite 10 • Frisco, Texas 75034

\_\_\_\_\_  
Name of Attendee

\_\_\_\_\_  
Summer Workshops 2017

\_\_\_\_\_  
Group activity

By my signature and of my free will, I do hereby agree to indemnify and save harmless, Fireworks! Ceramic Arts, Incorporated dba Color Me Mine of Frisco ("Color Me Mine") 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 or 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

\_\_\_\_\_  
Phone Number

### Emergency Contact Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies/Special Concerns: \_\_\_\_\_

### Sign Out Authorization

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_