

## Chester County Art Association

### Informed Consent Release and Express Assumption of Risk

I, \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_  
(Name of Parent or Guardian) (Name of Youth)

desire for \_\_\_\_\_ to participate in Chester County Art Association's:  
(Name of Youth)

2023 Art Camp at 100 N Bradford Ave from June 12<sup>th</sup> – August 25<sup>th</sup>, 2023

Please check which week/s your child will be attending:

- Week 1 – June 12 – 16
- Week 2 – June 20 – 23 (4 day week)
- Week 3 – June 26 – 30
- Week 4 – July 3 – 7 (4 day week)
- Week 5 – July 10 – 14
- Week 6 – July 17 – 21
- Week 7 – July 24 - 28
- Week 8 – July 31 – August 4
- Week 9 – August 7 - 11
- Week 10 – August 14 – 18
- Week 11 – August 21 – 25

I am aware of the risk of participation in the 2023 Art Camp and I choose to accept this risk and allow my child to participate in the designated activity. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Chester County Art Association and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to my child as a result of his/her participation in this activity.

By my signature below, I certify that I completely understand this document.

---

(Signature of Parent or Guardian)

(Date)