

ASLC's Art on the Spectrum Art Class Registration Form

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| Participants Name: | Parent/Guardian Name Below: |
| AGE: | |
| Street Address: | |
| City/State/Zip Code: | |
| Home Phone: | |
| Cell Phone: | |
| Email: | |
| Emergency Contact/Phone: | |
| Parent's Contact Info (if applicable): | |
| | Behavior or sensory concerns to be aware of: (list in box below) |
| Child's skill level with art projects: Please circle one: Beginner, Intermediate, Advanced | |

Release of Liability

I recognize there is always a risk of an accident. I agree to be responsible for any medical bills and personal injury incurred resulting from illness or injury during my or my child's participation in these classes. Students must carry their own accident and medical insurance. I release Boys & Girls Club and the ASLC (aka Autism Society of Larimer County), and its employees and volunteers from any and all liability and/or claims or damages arising out of a personal inquiry of any kind. In the event of an accident, reasonable efforts will be made to obtain medical assistance and to contact the emergency contact and/or parent(s). I also give permission for the ASLC, in conjunction with the Art on the Spectrum program, to use my child's likeness and or image for public use.

I have read and understand all the information above.

Parent/Guardian Signature: _____

Date: _____

Art on the Spectrum **Photo Release**

I hereby give my consent for the Autism Society of Larimer County to use my photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child(ren) listed below.

Parent/Guardian Signature: _____

Release of artwork for sale or donation

All projects created and submitted in affiliation with the ASLC Art project will become property of the ASLC and exhibited as seen fit and appropriate. There will be no compensation to the artist or families unless otherwise determined in advance by written statement from artist and the ASLC board.

Parent/Guardian Signature: _____

Date: _____

Artist Participation Agreement Form for online Submissions

All submission must be recieved by March 15, 2010

Mail in Art

We do accept mail in flat artwork from home or school projects. Please follow the directions below:

Mail in art must be received by us no on or before March 15, 2010 to ensure that it will be displayed. *Please mail do not fold art work. Mail in a flat envelope or a round mailing tube.*

Every piece of art submitted must have a tag attached to the back, with the artist's Name, age & title of the piece.

In addition each piece submitted must be accompanied by a 2 x 2 size photo of the artist and brief bio.

Send your art, along with art tags, to:

**Art on the Spectrum
c/o Autism Society of Larimer County
921 Province Rd.
Fort Collins, CO 80525
Attn: Joel Decatur**

The Art on the Spectrum does not accept responsibility for damaged artwork due to shipping, whether sending or receiving, and does not accept responsibility for damages due to hanging or unsuitable matting or framing