

SHOOTING STARS 2010
VISUAL ARTS PARTICIPANT PERMISSION SLIP
(This Permission Slip must be attached to a completed Entry Form)

Visual Artist's Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City, State & Zip: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Email address of Parent/Guardian: _____

I, _____, the parent/legal guardian of participant,
_____, hereby give my consent for participation in Shooting Stars
2010. I assume all risks and hazards incidental to such participation, including transportation to
and from all events and do hereby waive, release, absolve, indemnify and agree to hold harmless the
Watauga Education Foundation, its contractors, volunteers and any sponsoring agency, for any
claim arising out of any loss or injury that participant or participant's artwork might sustain while
engaged in this program.

I understand that the Watauga Education Foundation does not provide insurance and is not
responsible for the medical condition of the participant. I agree to the release of photographs,
audio and visual recording of the participant for the promotion of Watauga Education Foundation.
I have read the Shooting Stars 2010 Guidelines and agree to abide by the requirements of
participation therein. I acknowledge that Shooting Stars 2010 serves multiple purposes, including
providing educational opportunities for participants, fundraising opportunities for Watauga
Education foundation, and the general advancement of the arts in Watauga County and that
conflicts which may arise in accomplishing those goals will be resolved solely by the Watauga
Education Foundation.

YES/NO I am interested in being contacted about volunteering to help with Shooting Stars 2010.

Parent: _____ Date: _____

Please contact Cynthia Fox, Visual Arts Coordinator of Shooting Stars 2010 at 297-6569 if you have
questions.

