

LET'S GO!



# Summer Adventures at Reynolda



### WHICH ADVENTURE?

- CREATIVE WRITING WORKSHOP June 24–28. Grades 6–9.
- ART ADVENTURES (SESSION I) July 8–12. Grades K–5.
- ART ADVENTURES (SESSION II) July 15–19. Grades K–5.
- WRITING ADVENTURES July 22–Aug 2. Grades 1–5.

### WHO IS LEARNING WITH US?

LAST, FIRST NAME \_\_\_\_\_ 18-19 GRADE \_\_\_\_\_ GENDER \_\_\_\_\_

SCHOOL/GROUP WITH \_\_\_\_\_ TUITION FEE \_\_\_\_\_

LAST, FIRST NAME \_\_\_\_\_ 18-19 GRADE \_\_\_\_\_ GENDER \_\_\_\_\_

SCHOOL/GROUP WITH \_\_\_\_\_ TUITION FEE \_\_\_\_\_

TUITION TOTAL \$ \_\_\_\_\_

### WHO IS THE PARENT/GUARDIAN?

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### EMERGENCY CONTACT? (IF DIFFERENT FROM ABOVE)

NAME / NUMBER / RELATIONSHIP \_\_\_\_\_

### I HAVE ENCLOSED

- A CHECK PAYABLE TO REYNOLDA HOUSE
- CASH
- ACTUALLY, I PLAN ON REGISTERING BY CREDIT CARD AT [REYNOLDAHOUSE.ORG/ADVENTURES](http://REYNOLDAHOUSE.ORG/ADVENTURES)

### LIST MEDICAL CONCERNS/SEVERE ALLERGIES

\_\_\_\_\_

\_\_\_\_\_

### IS THERE ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD'S SWIMMING ABILITIES?

\_\_\_\_\_

If participant has a disability that requires assistive devices, services or other accommodations to participate in this activity, please call 336.758.5599 to make arrangements at least five business days before the start of session.

### LIABILITY RELEASE AND WAIVER

In consideration of his or her minor child's participation in activities at Reynolda House Museum of American Art, the undersigned parent or guardian acknowledges that this release and waiver of liability form will be relied upon by the stated party, and that it will govern the actions and rights of the undersigned and his or her minor child. The undersigned hereby agrees, for himself or herself and on behalf of the minor participant, as follows: I knowingly and fully assume all risks, known and unknown, associated with participation in activities at Reynolda House Museum of American Art, and waive all claims for damage to person or property arising from such participation. I hereby release, discharge, and hold harmless Reynolda House, Inc., and its staff and representatives from any and all claims, damages or liability arising from loss, personal injury, property damage or theft, or actions of any kind. This release and waiver covers the risks above whether arising from (i) negligence or carelessness on the part of the persons or entities being released and other participants or (ii) dangerous settings, furnishings or defective equipment.

### PARENT/GUARDIAN ACKNOWLEDGEMENT

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless the parties referred to above of all liability, loss, medical claim or any damages whatsoever, and releases said parties on behalf of the minor and the parents or legal guardian.

PARTICIPANT NAME(S) \_\_\_\_\_ DATE(S) OF BIRTH \_\_\_\_\_

PARENT / GUARDIAN NAME - PLEASE PRINT \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

KINDLY RETURN TO  
SUMMER ADVENTURES AT REYNOLDA  
2250 REYNOLDA ROAD  
WINSTON-SALEM, NC 27106