

**North Carolina Pottery Center
2024 Summer Clay Camps
Registration & Release Form**

I _____ (print name) agree to allow my child(ren) to participate in the North Carolina Pottery Center's Summer 2024 Clay Camps for which I have registered them. I understand that my child must be picked up at the end time specified on the registration sheet. I have read and agree that only those whose names listed on this sheet are permitted to pick up my child from NCPC at the conclusion of each day's program.

I agree to appear, and/or to permit my minor child or children to appear in photos taken by and/or for the NCPC, and I give permission to the NCPC to use my image and/or that of my child for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I further waive any claim for compensation of any kind for the NCPC's use or publication of any image of me and/or of my minor child or children. As a matter of general NCPC policy, for privacy reasons, we will never use your child's name in conjunction with his/her image.

I acknowledge and represent that I am over the age of 18, have read this document and that I understand it.

Parent's Signature _____ **Date** _____

I am registering: _____ (number of children)
and agree to pay the total amount of: _____ at \$155 per registration

Payment Method: Check Credit Card Cash (In-Person)

Return completed registration forms for each child and provide total payment:

- call 336.873.8430 to provide payment by card
- email completed forms to education@ncpotterycenter.org
- complete forms & pay in person at 233 East Avenue in Seagrove, Tuesday-Saturday, 10 am-4 pm

**North Carolina Pottery Center
2024 Summer Clay Camps**

Registration & Release Form (ONE PER CHILD)

Select one:

- Summer Clay Camp, Session 1: 10am – 2pm, 6/18, 19, 20 & 10am – 12pm 6/22**
Clay Kids, Ages 7 – 11, \$155 non-refundable registration
- Summer Clay Camp, Session 2: 10am – 2pm, 6/25, 26, 27 & 10am – 12pm 6/29**
Youth Pottery, Ages 12 – 15, \$155 non-refundable registration

Child's Name _____ Preferred Name: _____

DOB: ___/___/___ Address, City, State, Zip Code:

Parent/Guardian Name(s):

1. _____ 2. _____

Parent/Guardian Phone Number(s)

1. _____ 2. _____

Address, City, State, Zip Code:

Emergency Contact: _____ Phone: _____

Additional persons who have permission to pick my child up from the program

List Name, Relationship & Phone Number:

1. _____

2. _____

Any additional information you feel our staff should be aware of regarding allergies, medications, accessibility needs or other accommodations to make camp a fun and safe experience?

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Registration & Release Form (ONE PER CHILD)

North Carolina Pottery Center
Waiver of Liability Form
Educational Programs & Workshops

Participant Full Name: _____

Parent/Guardian if Minor: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

I, (participant/guardian) _____, the undersigned, hereby acknowledge and agree to the following terms and conditions of this Waiver of Liability:

1. **Nature of Activity:** Participation in ceramics activities, including general access to and use of equipment, tools and materials within the Education Building.
2. **Assumption of Risk:** I acknowledge that participation in ceramics involves certain risks and hazards. I assume **all risks** associated with participating in ceramics, including but not limited to accidents, injuries, property damage, and any other risks inherent in the nature of the ceramic industry.
3. **Release and Indemnification:** I hereby release, discharge, and hold harmless the North Carolina Pottery Center and any of its staff, from any and all claims, demands, actions, causes of action, liabilities, costs, expenses, or damages of any kind that may arise out of or in connection with my participation.

I have carefully read and fully understand the contents of this Waiver of Liability Form. I acknowledge that I am voluntarily entering into this agreement and agree to be bound by its terms and conditions.

Signature: _____ Date: _____