



OAB ARTISTS' MARKET

YOUTH APPLICATION

Parent Information

LAST NAME, FIRST NAME

MAILING ADDRESS

TELEPHONE

EMAIL

Child Information

CHILD'S LAST NAME, FIRST NAME

DATE OF BIRTH

Any known allergies? Yes No

IF YES, PLEASE DESCRIBE

Any known medical issues? Yes No

PRODUCT DESCRIPTION

PRODUCT CATEGORY (PAINTING JEWELRY, WOOD, ETC)

Emergency Contacts

Persons listed must be reachable during Market hours (10 am - 2 pm). Please list contacts in order of who to contact first.

LAST NAME, FIRST NAME

RELATIONSHIP TO CHILD

TELEPHONE

LAST NAME, FIRST NAME

RELATIONSHIP TO CHILD

TELEPHONE

Rules & Regulations

Artists understand that by applying to the Old Art Building Artists' Market they are agreeing to these specific rules:

- Artist must be present for the duration of the show and shall represent only his/her own work.
- Commercial molds, patterns, kits, copies, etc will not be accepted.
- NO dogs or pets are allowed in the artists' booth.
- Per new regulations from the Leland Fire Department please note the following:
 - Barricades will be placed at the end of the road for one hour before the event begins. Cars will not be permitted on the road once barricades are erected and removed at the end of the event.
 - Designated times will be assigned for load in to booths on lawn or road. Access outside this time frame will be limited. No parking will be available on immediately surrounding streets, and the OAB will provide an artist shuttle at the start and end of day.
- We view your application as a serious commitment to participate.

Permissions and Waivers

In the event of any emergency, I authorize the LCCC/OAB to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

I release and waive, and further agree to indemnify, hold harmless or reimburse the LCCC/OAB, the individual members, agents, employees and representatives thereof, as well as program supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities or the rendering of emergency medical procedures or treatment, if any.

I give permission for my child's picture to be used in publications and marketing materials for the Old Art Building.

I, the parent/guardian, hereby attest that I have carefully read this Permission to Participate, understand its contents, and agree to its terms and conditions.

PARENT SIGNATURE & DATE

CHILD SIGNATURE