

**Saturday Art Therapy Workshop**  
**General Information Form**  
**Child/Youth Application (Must be at least 5)**

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Reason for enrolling? \_\_\_\_\_

Special skills/interests \_\_\_\_\_

Parent's/Guardian's Names \_\_\_\_\_

Address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_

Permission to request school records \_\_\_\_\_ Yes \_\_\_\_\_ No Is child receiving medication? \_\_\_\_\_ If so, what kind?

\_\_\_\_\_ Session preferred: \_\_\_\_\_ Individual \_\_\_\_\_ Group

I understand that my child and his/her art work made during the art therapy sessions may be photographed or videotaped for educational purposes only. My child will not be identified by name during this process.

Parent or Guardian Signature \_\_\_\_\_

Name of person who will be picking up client (if applicable) \_\_\_\_\_

WAYNE STATE UNIVERSITY, COLLEGE OF EDUCATION  
ART THERAPY PROGRAM  
RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of being allowed to participate in the Art Therapy Program conducted by the Wayne State University College of

Education, the undersigned, individually and as parent and/or guardian of the minor child \_\_\_\_\_, for his/her heirs, executors, administrators and assigns, hereby expressly stipulates and agrees to release, discharge, indemnify and forever hold harmless Wayne State University, its assigns, agents, officers, Board of Governors, servants, and employees from any and all actions, claims, liabilities, damages, losses or injuries of any nature whatsoever now existing or which may hereafter be sustained

by the said minor \_\_\_\_\_ in connection with his/her participation in any and all activities of the Art Therapy Program at Wayne State University.

This release extends, applies to, covers, and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses, and/or liabilities, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages which are unknown or unsuspected at the time to the person executing such release, are expressly waived. \_\_\_\_\_

Signature (Parent or Guardian) \_\_\_\_\_

Signature (Parent or Guardian) \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

**Return to:**

**Wayne State University Art Therapy Program**

**Art Building 450 Reuther Mall Detroit, MI 48202**

**FAX 313.993.7558 • EMAIL [arted\\_arttherapy@wayne.edu](mailto:arted_arttherapy@wayne.edu)**