



METRO PARKS AND RECREATION

Louisville Visual Art Association

Participant Registration Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (alternate): \_\_\_\_\_ Emergency # \_\_\_\_\_

Name of School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # and carrier: \_\_\_\_\_

Please read the following carefully: Parent/Guardian please initial by each paragraph

Permission is hereby granted for my son/daughter/ward or myself, as named above, to participate in programs, activities and field trips associated with the Louisville/Jefferson County Metro Parks Department. I understand these activities will be supervised by employees and volunteers of the Louisville/Jefferson County Metro Parks Department. \_\_\_\_\_

I am aware that strenuous activities could be involved in the above named person's participation in programs activities, and field trips associated with the Louisville/Jefferson County Metro Parks Department, and I have determined that the above named person's health is adequate for him/her or myself to participate safely in such programs, activities and/or field trips. \_\_\_\_\_

I understand and agree that any injuries sustained by the above named participant will not be paid for by the Louisville/Jefferson County Metro Government, or the Louisville/Jefferson County Metro Parks Department, and that adequate medical insurance to cover such injuries must be acquired and maintained on behalf of the above named participant. \_\_\_\_\_

I agree, as parent or legal guardian on behalf of \_\_\_\_\_, or on my own behalf as a legal adult, and behalf of his/her/my heirs or legal representatives to forever refrain from asserting against the Louisville/Jefferson County Metro Government, the Louisville/Jefferson County Metro Parks Department, its elected and appointed officials, employees, agents, servants and successors in interest thereof, any claim, demand, action or suit whatever kind or nature, either directly or indirectly for injuries or damages to persons or property resulting from the above named person's participation in any Louisville/Jefferson County Metro Parks Department programs, activities and/or field trips. \_\_\_\_\_

I agree as parent or legal guardian on behalf of \_\_\_\_\_, or on my own behalf as a legal adult, to indemnify and hold harmless the Louisville/Jefferson County Metro Government, the Louisville/Jefferson County Metro Parks Department, its elected and appointed officials, employees, agents, servants and successors in interest from all claims, damages, losses and expenses including attorney's fees, arising out of above named person's participation in such programs, activities and/or field trips, included damages or injuries arising out of transportation to and from any such related Louisville/Jefferson County Metro Parks Department activity. \_\_\_\_\_

Parent/Guardian/Legal Adult: By placing your signature below, you certify that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify all information is true, current and correct and may be relied upon by the Louisville/Jefferson County Metro Parks Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

The Louisville/Jefferson County Metro Parks Department documents recreation programs for promotional use year-round. Photographs and videotape may be taken to be used in brochures, seasonal program guides, public event displays, department program videos, or other uses. If the Louisville/Jefferson County Metro Parks Department has your permission to photograph or videotape your child or yourself while participating in various activities, please sign on the line provided.

Signature for Photo Release: \_\_\_\_\_



METRO PARKS  
AND RECREATION

**Louisville Visual Art Association**  
*Studio2000 Art Program*  
Summer 2015 Application

Studio2000 will be offered this summer from June 16 through August 7, 2015 on Monday, Tuesdays, Wednesdays and Thursdays from 3:00 pm until 6:00 pm at Shawnee Arts & Cultural Center, 607 South 37<sup>th</sup> Street. Student's ages 14 to 18 that are interested in pursuing visual art as a career will have the opportunity to work with professional artists in **clay, fiber & mixed media and receive a \$500 stipend at the end of the eight-week program.**

There will be a public exhibit/sale at the end of the summer program. Proceeds are returned to Studio 2000 to support future programming.

**Application**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Interest (Choose 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice) Clay \_\_\_\_\_ Fiber \_\_\_\_\_ Mixed Media \_\_\_\_\_

Do you participate in any art programs at your school? If so please name: \_\_\_\_\_

\_\_\_\_\_

Do you participate in any art programs outside of school? If so please name: \_\_\_\_\_

\_\_\_\_\_

**Requirements for Application:**

- **Studio2000 Application**
- **3 works of art (to be brought to interview)**
- **Artist Statement (1 paragraph about why you would like to participate and what you hope to gain from Studio 2000)**
- **2 letters of recommendation from an art teacher or a person who can credit your skill as a visual artist (form enclosed).**

Should you be considered for the program, you will be notified and an interview will be scheduled. Three-page application is due **April 30<sup>th</sup>**. Please return to:

Jackie Pallesen  
Louisville Visual Art Association  
609 W Main Street  
Louisville KY 40202  
For questions, contact Jackie@louisvillevisualart.org

502.584.8166 x 104



METRO PARKS  
AND RECREATION

## Louisville Visual Art Association

### Studio2000 Letter of Recommendation

How long have you known the student and in what capacity? \_\_\_\_\_

---

---

---

---

Why do you think this student would be a good candidate for Studio2000? \_\_\_\_\_

---

---

---

---

---

---

---

---

Your Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return by **April 30**, to:

Jackie Pallesen  
Louisville Visual Art Association  
609 W Main Street, Floor 2  
Louisville KY 40202  
For questions, contact [Jackie@louisvillevisualart.org](mailto:Jackie@louisvillevisualart.org)  
502.584.8166 x104