

River School

The Olana Partnerships Summer Dramatic Arts Program

August 16-20, 2010

Olana State Historic Site-Wagon House Education Center

Please enroll the following children in *River School*:

1. Child's Name: _____ Entering Grade: _____

Parent or Guardian: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

2. Child's Name: _____ Entering Grade: _____

Parent or Guardian: _____

Address: _____ Parent's Daytime Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Fee: \$125 for members of The Olana Partnership who reserve by August 01, 2010
\$165 for non-members and members who reserve after August 05, 2010

Fee is refundable until 14 days prior to the start of the session.

Enclosed is a check made payable to *The Olana Partnership* in the amount of
\$ _____

Please mail your check and this form to:

The Olana Partnership
Attn: Cheryl O'Donnell
PO Box 199
Hudson, NY 12534

RESERVATION DEADLINE: August 01 , 2010

I, as parent or legal guardian, authorize my child, _____
to participate in *River School* dramatic arts program sponsored by The Olana
Partnership , which may include use of equipment, use of facilities, and necessary
preparatory activities.

I further release Olana State Historic Site and The Olana Partnership, its employees and
assigns from any and all liability for personal injuries and/or property damage sustained
by my child, or any claim which I may have as parent/guardian, arising directly or
indirectly in connection with this program, except in the case of negligence.

In case of injury I authorize Olana/ Staff to take my child to a doctor or to a hospital for
treatment. This authorization and release is valid for August 16-20, 2010, unless
withdrawn by me in writing, which withdrawal shall be effective at the time of the receipt
by The Olana Partnership.

Signature of Parent or Guardian

Date

New York State Office of Parks, Recreation and Historic Preservation
Taconic Region – PO Box 308, Staatsburg, NY 12580
Olana State Historic Site
5720 Route 9G, Hudson, NY 12534
(518) 828-0135

Photo Release for Children Under 18 Years of Age

I hereby grant permission to New York State, its agencies and assigns to use my dependent's photograph on their World Wide Web sites or in other official printed publications without further consideration, and I acknowledge the aforementioned reserve the right to crop or treat the photograph at their discretion. I also acknowledge that New York State, its agencies or assigns may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that if my image is posted on a website maintained by New York State, its agencies or assigns, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims New York State, its agencies and assigns.

The aforementioned reserve the right to discontinue use of photos without notice.

Dependent's Name: _____

Dependent's Address: _____

Name of Parent or Guardian: _____

Address: _____

Phone: _____

Email: _____

Usage Restrictions: _____

I certify that I am a custodial parent or legal guardian and have the aforementioned rights to assign.

Signature: _____ Date: _____