

**Magic Paintbrush Project Workshop
Participant Information and Consent Form**

Participant Name :		Date of Birth: / /	
Address:		COUNTY:	
Contact Phone:		E-Mail:	
Social Security #:		Medicaid #:	
Referring Agency (or MSC):		Preferred Language:	
Residence Type : (Check applicable)	<input type="checkbox"/> Family w/Friends	<input type="checkbox"/> Independent	<input type="checkbox"/> DSS/Foster
		<input type="checkbox"/> Nursing	<input type="checkbox"/> OMRDD/Agency
Special Concerns/Needs:			
Allergies?			
Parents Name:			
Participating Siblings Names and Ages:			
Please indicate whether or not you prefer : (Check applicable)		<input type="checkbox"/> Individual Session	<input type="checkbox"/> Group Session
		<input type="checkbox"/> or Other:	
Preferred day and time:			
Preferred Media: (Check applicable)	<input type="checkbox"/> Painting	<input type="checkbox"/> Clay	<input type="checkbox"/> Photography
			<input type="checkbox"/> Drawing
<i>(Session fee may vary depending on activity)</i>			
If session is with specialist please indicate:	name	specialty:	contact phone:
What goals do you have for your workshop experience?			
Do you want to be included on our mailing list for public events and workshops? (Check one)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please print and mail to:
The Magic Paintbrush Project artWORKS!
The Magic Paintbrush Project Gallery & Workshop
Oakdale Mall, 601-635 Harry L. Drive Suite 16, Johnson City, NY 13790

Consent

For the opportunity to participate in a Magic Paintbrush Project workshop or any other event connected with The Magic Paintbrush Project and for other valuable consideration, I understand that by signing this release, I agree to hold harmless The Magic Paintbrush Project a program of Binghamton Imaginink, Inc, including all of its employees, managers, directors, volunteers and agents; all sponsoring organizations and any other parties connected with events and activities, singly or collectively, from any liability for any injury, harm, loss, inconvenience or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith.

I understand that I will be working with volunteers from the community to create artwork which may be used to raise funds for The Magic Paintbrush Project/Binghamton Imaginink, Inc. I understand that all artwork will become the property of the Magic Paintbrush Project. I waive all claims for any compensation from the sale of artwork.

I hereby give my permission to The Magic Paintbrush Project a program of Binghamton Imaginink, Inc, to use my photograph or portion thereof, whether still or moving, my voice, and my likeness for trade, for publicity or for any other lawful manner whatsoever, hereby waiving my right to review or approve such photograph, sound recording or likeness prior to its use.

Print:	Signature:
Date:	Signature of parent if under 18:

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Please consult your primary care physician or other medical specialist for specific advice about your medical condition. *Trademark and Copyright 2006*