Welcome to the Northfield Arts Guild! We are so excited for you to be involved in our high-quality, inclusive arts experiences. We hope that you learn, grow, and flourish through participation in these programs.

This packet includes policy information and forms that will ensure safety for all of our students. Please read, initial, and/or fill out the forms as necessary. We appreciate your attention and thoughtfulness in completing them! All forms are required by the start of a student’s class, or the student will not be able to participate.

- Photo Permission Form
- Emergency Medical Authorization and Release Form (one form per student)

Please mail or drop off completed forms to:

Northfield Arts Guild
304 Division St.
Northfield, MN 55057

New forms are required at the beginning of each new academic year (September – August).

Thank you for helping us ensure a safe, supportive environment for all of our students!

Student name: ____________________________________________________________

Photo Permission

I hereby give permission for photos of myself to be used in Guild promotional materials.

Please check: _____ Yes   _____ No

Initial: _______
Emergency Medical Authorization & Release

This release hereby authorizes personnel of the Northfield Arts Guild Education Program to make emergency medical decisions as to illness and/or injury which I, __________________________, may develop or sustain as part of this program’s activities. Said personnel shall make all reasonable efforts to contact the emergency contacts on record prior to authorizing any medical treatment, but may authorize such medical treatment in what the authorized person believes to be the best interests of my health and well-being.

I hereby release the Northfield Arts Guild and the authorized personnel from any claims or liability for any illness or injury or loss of property incurred during my participation in the regular activities of the program. I further release the Northfield Arts Guild from liability for injury or loss of property at the Center for the Arts, 304 Division St., or at the Theater, 411 West Third St.

I, the undersigned, confirm that I have read this authorization and release, know and understand its contents and are voluntarily signing this document.

Date: __________________ Signature: ____________________________

Name and phone number of preferred primary care physician and/or clinic

First and last name

Phone number

Clinic

Do you have any special needs, challenges, or allergies we should know about?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Emergency contacts

1. (Primary) Name ____________________________ Phone number: ________________
   Relation to self: __________________________

2. (Secondary) Name ____________________________ Phone number: ________________
   Relation to self: __________________________

Date: __________________ Signature: ____________________________

Please contact Guild Education staff (507.645.8877) if emergency contact information changes!