







## Art Therapy Program Registration Form In partnership with Columbus Recreation and Parks

### Kya's Krusade Photographic and Art Image Release

**For your child's protection:** Kya's Krusade will not use the submitted image(s) and/or text for purposes other than on-line display, organization and/or program marketing and promotion unless an additional waiver granting permission for the specified alternative use has been obtained. Kya's Krusade will not sell, transfer or authorize their use to any third parties.

- ☞ As the parent/legal guardian of \_\_\_\_\_ (child/children's name(s)), I give permission for Kya's Krusade to utilize images of my child and/or my child/children's art for marketing and fundraising purposes. I understand that this may include their display on the Kya's Krusade Website, <http://www.kyaskrusade.org>; in brochures and other marketing materials; in art-related products designed for fundraising purposes and displays used to promote Kya's Krusade and/or the Kya's Krusade Art Therapy Program.
- ☞ I understand that these images and/or text may remain, be removed or be moved to various locations on the website, <http://www.kyaskrusade.org>, or other aforementioned forms of promotion indefinitely, at the discretion of the Website Administrators.
- ☞ I relinquish all rights and interests of the photographs, art work and related text to Kya's Krusade and my ability to make claims on any proceeds or benefits derived from the use of the image(s) and related content.
- ☞ I certify that I have accurately disclosed my relationship to the subject(s) and or creators of the image(s) and/or text. I am legally authorized to grant such permission.
- ☞ Furthermore, I understand that Kya's Krusade is not liable for unauthorized uses of these images or related text by third parties, not affiliated with Kya's Krusade or its subsidiaries, who obtain the images and/or text from the website or other products for which these images are used.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date received by Kya's Krusade: \_\_\_\_\_

**Kya's Krusade**

**947 E. Johnstown Rd., Ste. 143 \* Gahanna, Ohio 43230**

**"A gateway to hope and support, where family, medical and social communities converge."**

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### Additional Information (Optional, for statistical use only)

This part of the form is optional and will only be used for Kya's Crusade statistical, reporting and general marketing purposes. No specific identifying information about your child will be disclosed or shared with any third parties. This section of the form will be maintained separately from the rest of the form. **The completion and content of this section will not impact your child's ability to participate in the Kya's Crusade Art Therapy Program.**

Child's gender \_\_\_\_\_ Child's Age \_\_\_\_\_

Is your child's condition congenital? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, at what age was your child diagnosed? \_\_\_\_\_

Primary Health Care Coverage (check all that apply):

\_\_\_\_\_ Insurance \_\_\_\_\_ Medicaid Other (please specify): \_\_\_\_\_

Types of Therapy in which the child is engaged: \_\_\_\_\_

Frequency of therapy sessions attended \_\_\_\_\_ times per \_\_\_\_\_ week \_\_\_\_\_ month \_\_\_\_\_ year

Number of Family Members \_\_\_\_\_ Family Members contributing to Household Income \_\_\_\_\_

Annual Household Income:

\_\_\_\_\_ less than \$25,000 \_\_\_\_\_ \$25,000 - \$40,000 \_\_\_\_\_ \$40,000-\$60,000 \_\_\_\_\_ \$60,000 - \$90,000 \_\_\_\_\_ \$90,000 +

Date received by Kya's Crusade: \_\_\_\_\_