



AMERICAN DANCE TRAINING CAMPS

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OPTIONAL ACTIVITIES INFO, RELEASES & WAIVERS CULLOWHEE, NC 2011

Optional activity waivers can be completed and turned in anytime before – or at – check-in for your child’s camp session. We’ll even have printed copies of these waivers at check-in, so you don’t have to submit them ahead of time or bring your own copies unless you want to!

If you won’t be with your child at check-in, or if you’d prefer to submit these waivers prior to check-in, follow the directions below:

- 1. Print & Complete Form 3:** “ADTC Optional Activities Participation Release of Liability & Assumption of Risk Agreement”
- 2. Print & Complete Forms 3a & 3b** only if your camper has your permission to choose to participate in these activities.

Accepted ways to submit attached printed forms:

Upload Online (preferred!):

<http://www.americandancetrainingcamp.com/registration/upload-center.php>

Email To: Info@DanceADTC.com

Fax To: 866-383-ADTC

FORM 3: ADTC OPTIONAL ACTIVITIES PARTICIPATION RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

** READ BEFORE SIGNING **


Please note that all optional activities below require parental consent and some require additional fees and/or additional waivers as indicated. Please check the box for activities in which you give your child permission to participate – campers may only sign up for activities that you check and sign for here.

- White Water Rafting (Once per session, weather permitting)** – Take a leisurely trip down the nearby Tuckaseegee River (Class I – II), led by the professional guides of Base Camp Cullowhee. Ride in a raft, or choose a Ducky. Duckies are highly maneuverable inflatable kayaks that hold one or two people, a fun way to navigate the gentle water of the Tuck while following a guide. CAMPER MUST BE A SELF-SUFFICIENT SWIMMER! **Additional Waiver Required. Cost \$35.**
- The Fun Factory (Once per session)** – Join us at the Fun Factory of the Smokies for games and family-friendly entertainment. Campers can choose from mini golf (indoor and outdoor), bowling, go-carts, laser tag, arcade games and more. **Cost \$25 plus added spending money (to be deducted from Canteen Acct)**
- Climbing Wall (Two + times per session)** – Located in the Campus Recreation Center, the climbing wall is 50-feet tall and offers 2100 square feet of climbing surface. No experience is necessary – the Base Camp Cullowhee experienced staff will guide our group through a safe and fulfilling experience. **Additional Waiver Required. Cost \$25.**
- Guided Hiking Trip (One + time per session, weather permitting)** – The Base Camp Cullowhee staff guides campers to a hidden waterfall, magnificent mountain view or perfect swimming hole. **Additional Waiver Required. Cost \$25.**
- Swimming (Three + times per session)** – To cool off, we'll head to the beautiful town of Sylva's outdoor swimming pool, or rent out the Breese or Reid indoor pool on WCU's campus for an afternoon of swimming and water play. CAMPER MUST BE A SELF-SUFFICIENT SWIMMER. **Cost \$10.**
- Tennis (Two + times per session)** – Come out and play at the WCU Sports Complex! Completed in 2005, the complex houses a track, soccer and tennis facility. Don't forget to bring your racket! **No Cost.**
- Sand Volleyball (Daily, weather permitting)** – We'll organize team volleyball games on the sand volleyball court behind Reynolds Hall. **No Cost.**
- World Dance Company (Mon. – Thurs. evenings, subject to availability/offerings)** - Campers can elect to participate in our unique "world dance company" and learn a special dance piece to perform in the Friday night show. Nightly rehearsals will be held from 9 – 9:55pm beginning Monday. Participation is optional and campers who participate receive a certificate of global awareness. All proceeds go to the charity selected by campers that week. **Cost \$15.**
- Aerial Dance (Saturday, 7/16 & 7/23 only)** – Have fun dancing in the air on a beautiful silk fabric at Aerial Space in Asheville, Learn to balance, flip and hang from a trapeze. A fun introduction to the basics of aerial dance. No experience necessary! **Additional Waiver Required. Cost \$40 for 2 hour class.**
- Weekend Meals & Asheville Trip (Saturday/Sunday between sessions)** - Relax and bond with other multi-week campers on a trip to the beautiful city of Asheville?! What could be better? We'll take in a movie and go out to dinner as a group ("real" food - yay!). **Cost \$55 (Additional cash in canteen recommended!)**

I HAVE REQUESTED THE AMERICAN SCHOOL OF DANCE (DBA: AMERICAN DANCE TRAINING CAMP) ALLOW MY CHILD TO PARTICIPATE IN THE FIELD TRIPS CHECKED ABOVE. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THESE ACTIVITIES, I THE UNDERSIGNED, ACKNOWLEDGE, APPRECIATE, AND AGREE THAT:

1. The risk of injury from these activities is significant, including the potential for permanent paralysis and death.
2. I **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE AMERICAN SCHOOL OF DANCE, LLC**, its officers, officials, agents and/or employees, other participants, vendors, advertisers, the United States, the States of Vermont, California, Colorado, North Carolina and Connecticut from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
5. **Transportation Release:** Select members of ADTC staff may transport campers in their fully insured and State Inspected Vehicles. All Staff cleared to transport campers must have a clean driving record. At Program Director's discretion, campers and staff may also choose to take cabs and or other area transportation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY AND UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.




Signature of Camper: _____ Date: _____

Printed Name of Camper: _____

Address of Camper: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

This is to certify that I, as the parent/guardian with legal responsibility for this participant, do consent and agree to her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.



Signature of Parent/Guardian _____ Date: _____

Printed Name: _____

Participating Minor's Date of Birth: _____ Age: _____

Rafting, Climbing Wall & Hiking Trips Waiver (Cont'd)

WESTERN CAROLINA UNIVERSITY



Base Camp Cullowhee Medical Information Form

All participants must complete and sign the Assumption of Risk Agreement

Name: _____

Student ID # _____ Email address: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Age: _____ Sex: M / F (circle)

Insurance Provider: _____ Policy #: _____

Emergency Contact Name: _____ Relationship: _____

Phone: (Home/Cell): _____ Phone: (Alternate): _____

Medications Currently Taking (prescription or over-the-counter): _____

Health History (describe condition/treatment where possible): _____

Allergies (insects, foods, drugs, etc.): _____

Conditions Requiring Regular Medication (diabetes, epilepsy, etc.): _____

Recent Injuries, Illnesses, Operations: _____

Other Physical Disabilities, Chronic or Physical Conditions: (heart / back problems, high blood pressure, etc.) _____

Emotional, Mental or Behavioral Disorders (phobias, etc.): _____

Authorization for Emergency Medical Care

I am aware of my past and present health and fitness in relationship to strenuous activity. Information about my all prescription drugs that I am currently taking is noted on this form. I will participate in all course activities except the following (as limited by myself and/ or my physician): _____

Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by present course staff members to provide emergency medical care, and to hospitalize and/or secure proper treatment for me.

Signature: _____ Date: _____

(Parent/Guardian sign here if under 18 years old)

On occasion, WCU personnel take promotional photos of groups. If you do **NOT** want your photo taken, please sign

Signature: _____ Date: _____

(Parent/Guardian sign here if under 18 years old)

Your participation in Base Camp Cullowhee programs will be determined based on a review of this form by the facilitation team. Failure to submit this form will mean that you may be an observer, rather than a full participant. Regardless of your physical condition, you are expected to pay attention to your body and its physical limitations to select an appropriate level of participation. Failure to complete all portions of this form could result in injury or compound the damage to an existing injury.

Form 3b: Aerial Dance Trip Waiver

Please complete this page if your daughter may choose to participate in this activity

Please skip this page if your daughter WILL NOT participate in this activity

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Aerial Space, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as Aerial Space), I hereby agree to release, indemnify, and discharge Aerial Space, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in instruction and training, individual and group activities, yoga and dance exercises utilizing trapeze, lyra 'hoop', silks, sling and vertical rope entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Without a certain degree of risk students would not improve their skills and the enjoyment of this art form would be diminished. Aerial activities expose its participants to the usual risk of cuts and bruises. However, more serious risks exist as well. Participants can fall off equipment, sprain or break limbs, and can suffer more serious injuries, and even death. In any event, if you are injured, you may require medical assistance, which you will have to pay for at your own expense.

Furthermore Aerial Space employees and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Aerial Space from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Aerial Space equipment or facilities, including any such claims which allege negligent acts or omissions of Aerial Space.

4. Should Aerial Space or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against Aerial Space, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of North Carolina shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Aerial Space on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I have read and agree to comply with all Aerial Space Policies as set forth on page 2 of this document.

Signature of Participant _____ Date _____

Print Name _____ DOB _____ / _____ / _____

Phone _____ E-mail address _____

Address _____ City/State _____ Zip _____

Emergency Contact Name _____ Phone _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's Name) ("Minor") being permitted by Aerial Space to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Aerial Space from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____