

Form 7: RELEASES & AGREEMENTS

I hereby release the American School of Dance, LLC (dba: American Dance Training Camp – “ADTC”), its officers, employees, and agents from any and all liability, claims, demands, controversies, damages, actions and causes of action which may occur by reason of injury, loss of services or consortium, property damage and any and all other loss and damages of any kind and nature sustained by the camper. This release shall bind the camper, their heirs, administrators and assigns. In the event of a dispute, a cause of action may only be brought in a court of competent jurisdiction.

Participation in dance activities involves motion in a unique environment and as such carries with it a reasonable assumption of risk. **WARNING:** Catastrophic injury, paralysis and even death can result from improper conduct of the dance activity. Appreciate this **WARNING** as well as the fact that, even under the best of conditions, participation in dance activities involves inherent risks of injury on the part of the performer.

This is to certify that I, the undersigned, have carefully read and understand the above warning statements and any and all information contained in the ADTC brochure and/or website regarding the program in which the camper will be participating. In addition, the undersigned further certify that the inherent risks of dance participation are adequately appreciated and that said participation is done on a strictly voluntary basis.

Also, by signing this document, I understand that recreational activities are offered by ADTC as outlined in the ADTC brochure and listed on the ADTC website, and that the camper may sign up for and participate in all camp activities. Participation in recreational activities may involve motion, rotation, and physical contact with other persons and/or objects in motion and, as such, carries with it a reasonable assumption of risk. I allow my child to participate in all camp activities, except those I did not authorize on the “optional activities participation release of liability and assumption of risk agreement.”

TRANSPORTATION: I authorize and give ADTC permission to transport my child to camp activities/field trips.

The **HEALTH HISTORY** section is correct and complete as far as I know, and my child has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide ongoing health care, administer prescribed medications, seek emergency medical treatment including ordering x-rays or routine tests, and to transport my child as necessary to seek medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form for trips out of camp. Parent/guardian represents to the camp that the camper is in sound physical and mental health and fully able to participate in all camp activities.

EMERGENCY AUTHORIZATION: I understand that I will be contacted as soon as possible in the event that my child is brought to a medical clinic, hospital, orthopedist, dentist or other health care provider. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery and/or any other procedure for my child deemed necessary respecting their known and disclosed medical conditions. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

I hereby authorize any physician, dentist, health care provider or hospital to release any information regarding the history, treatment, x-rays or benefits payable concerning a claim to the camp or medical officer or their authorized agent for the purpose of validating and determining further treatment or benefits payable in connection with the claim.

MEDIA RELEASE: I give permission and consent for my child to participate in all activities and to allow photographs, videos and interviews to be taken during the camping session. I understand that the camp retains the right to use any of these photographs, videos, or any other record of camp events for the camp’s website, publicity, advertising, or any legitimate purpose. In compliance with COPPA (Child Online Privacy Protection Act) my signature confirms that I understand and agree that my child’s picture (without name) may be used on publicly accessible areas of the ADTC website.

PARENT AGREEMENT & LOST PROPERTY RELEASE: I have read, understand and agree to the application/refund policies as well as the camp policies as set forth in camp materials. I agree to support the final decision of the directors in their cabin/room assignment for my daughter. I release ADTC of responsibility for personal items that may be lost, stolen or damaged at camp.

**YOUR
SIGNATURE
IS
MANDATORY**



Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Name of Participant/Camper: _____

Camp Program: _____ Today's Date: _____