



ADTC – The ULTIMATE Overnight Dance Camp!

Info@DanceADTC.com \* www.AmericanDanceTrainingCamps.com

Ask Us Anything!

866-383-ADTC

# ADTC Release of Liability & Assumption of Risk Agreement

*All campers & parents must read & sign this form*

I hereby release American School of Dance, LLC (dba: American Dance Training Camps – “ADTC”), its officers, employees, contractors and agents from any and all liability, 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 even of a dispute, a cause of action may only be brought in a court of competent jurisdiction.

**DANCE:** 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.

**OPTIONAL ACTIVITIES:** Also, by signing this document, I understand that recreational and adventure activities are offered by ADTC as outlined in the ADTC brochure and on the ADTC website. I permit the camper to participate in all camp activities. I have requested American School of Dance (dba: American Dance Training Camps) to allow my child to participate in the field trips & activities listed above.

**CAMPER’S ACTIVITY RELEASE & AGREEMENT:** In consideration of being allowed to participate in the activities above, 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, INDEMFIFY, AND HOLD HARMLESS AMERICAN SCHOOL OF DANCE, LLC, its officers, officials, agents, contractors and/or employees, other participants, vendors, advertisers, the United States, the States of Vermont, California, Illinois, Maryland, North Carolina, Texas, Wisconsin, Colorado 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.

**TRANSPORTATION:** Select members of ADTC staff may transport campers in their fully insured 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, uber and/or other area transportation services. I authorize and give ADTC permission to transport my child to camp activities/field trips.

**HEALTH HISTORY:** I submitted for my child 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 from 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.

**CAMPERS SIGN HERE:** 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 INDUCEMENT.

Name of Camper (please print): \_\_\_\_\_

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN OF PARTICIPANT OF MINOR AGE SIGN HERE:** 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 room assignment for my daughter. I release ADTC of responsibility for personal items that may be lost, stolen or damaged at camp. 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 above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_