



ADTC – The ULTIMATE Overnight Dance Camp!

Info@DanceADTC.com * www.AmericanDanceTrainingCamp.com

Ask Us Anything!
866-383-ADTC

Immunization Exemption Request Form

Because our camp program has a potential for communicable disease, we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), diphtheria, and COVID-19. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., ethical, religious or moral grounds). This form is intended to capture information about individuals who are not fully immunized.

I request that _____, attending session/s _____ be exempted from
Name of ADTC Camp Participant *ADTC Location & Session/s*

_____ immunizations required for attendance at American Dance Training
List of Immunizations Participant is Missing

Camp. The reason for this request is as follows: _____

To the best of my knowledge and belief, the person named above is and has been in normal & good health and is free from all communicable or contagious disease. Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical exam &/or diagnostic test may be performed. I also agree that if any such disease is found, we – the named individual and her family – will comply with the quarantine &/or isolation procedures required by the camp as directed by the CDC, American Camp Association and state's Department of Health.

It is further understood that, should a communicable disease emergency arise, I will be notified. However, in the event that I cannot be contacted, the camp's administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this camper and the ADTC camp community.

I release and forever discharge American School of Dance, LLC (dba "American Dance Training Camp") and its officers, directors, employees, agents, insurers, affiliates, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the Released Parties) from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness and treatment of the above named ADTC participant.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness and treatment of the above named ADTC participant against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Parent/Guardian's Name (please print)

Phone Number

Signature of Parent/Guardian

Date