



ADTC - The ULTIMATE Overnight Dance Camp!

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Ask Us Anything!

866-383-ADTC

ADTC Release of Liability & Assumption of Risk Agreement

All campers & parents must read & sign this form

In consideration of the opportunity to participate in dance camp activities, 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. I understand that activities at ADTC may entail vigorous physical movement, physical contact, exertion, and exposure to extreme weather elements. Although it is the goal of ADTC and its employees, contractors and agents to adhere to relevant American Camp Association Standards, property damage, physical injuries and accidents may occur during camp activities. Such potential injuries include but are not limited to strains, sprains, cuts, abrasions, broken limbs, hypothermia, sunstroke, drowning, and even death. To the extent that motorized transportation is required, additional risks associated with vehicular collisions may also be encountered. I further understand that in addition to the above-mentioned risks, there may be other unforeseeable risks and dangers involved in said activities. In the event 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:** Even under the best of conditions, injury, paralysis and even death can result from improper conduct of the activity. This is to certify that I, the undersigned, have carefully read and understand the above warning statements, and all information contained in the ADTC brochure and/or website regarding the program in which the camper will be participating. I, the undersigned, further certify that I adequately appreciate the inherent risks of dance camp participation, and that said participation is strictly voluntary.

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 my camper to sign up for and participate in these 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. I have requested ADTC to allow my child to participate in the field trips & activities offered.

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, and assume full responsibility for my participation. 3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and immediately bring such hazard to the attention of the nearest staff member or official. 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless American School of Dance, LLC, its officers, officials, agents, contractors and/or employees, other participants and vendors 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, even in the event that personal injury, death, or property damage is caused by or contributed to in whole or in part through the passive or active negligence of American School of Dance, LLC, its employees, contractors, agents or officers (with the sole exception of active negligence, or willful misconduct).

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: The health form I submitted for my child is correct and complete, 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.

CORONAVIRUS/COVID-19: Attending camp during the COVID-19 pandemic presents additional health and safety risks and dangers including, but not limited to: (i) COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact; (ii) individuals frequently do not develop symptoms until after they are contagious; and (iii) exposed individuals may have more serious symptoms due to age and/or known and unknown medical conditions. ADTC has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you, your child, family members and others will not become infected. Further, attending camp could increase your risk, your child's risk, your family's risk, and the risk of other people contracting COVID-19. By signing this release, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that by attending camp, my child, my family, other people & I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and even death. I understand that the risk of becoming exposed to or infected by COVID-19 at camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ADTC staff, facilities/activities personnel, camp participants, and their families.

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 agree to support the final decision of the directors in the room assignment for my daughter. I release ADTC of responsibility for personal items that may be lost, stolen or damaged at camp. I have read, understand and agree to the application/refund policies as well as the camp policies set forth in camp materials. I acknowledge that COVID-19 is a known risk, and ADTC will not grant refunds for camp attendance lost due to COVID-19 infection, exposure, or policy changes. I have read, understand and agree that my child, my family and I may be exposed to or infected by COVID-19 by attending camp, and this includes release from any Claims based on the actions, omissions, or negligence of ADTC, its staff, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp program. This is to certify that I, as the parent/guardian with legal responsibility for this camper, do consent and agree to her release as provided above, 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 participation in these programs above, to the fullest extent permitted by law.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____