

SonDance Academy  
Release Form for Summer Campers

1. A completed Registration Form and payment are due in advance of the camp.
2. Please check the camp the dancer will attend and complete a separate form for each Camper
3. If your dancer has completed a Registration Form and danced in our 2021-22 season, a new registration form is not required. However, please send an email to [Sondance@messiahchristianchurch.org](mailto:Sondance@messiahchristianchurch.org) to let us know what specific camp your dancer will be attending. Payment is due prior to camp.

Little Summer Dance Party (6/20-6/24) \_\_\_\_\_ \$125 Ages 4-8

Little Summer Dance Party (6/27-7/1) \_\_\_\_\_ \$125 Ages 4-8

So You Think You Can Dance (7/11-7/15) \_\_\_\_\_ \$125 Ages 7-13

So You Think You Can Dance (7/18-7-22) \_\_\_\_\_ \$125 Ages 7-13

Princess Camp (8/2-8/4) \_\_\_\_\_ \$60 Ages 2-5

Comp Team Intensive (8/15-8/19) \_\_\_\_\_ \$125 Comp Team dancers only

Drop In Classes Tuesdays 7/5-8/9 6-7:30PM \$15 per class. Dancers can just drop in for any of the classes

**Biographical Information**

Dancer's Name: \_\_\_\_\_ ( ) Male ( ) Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent(s)/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If applicable, name of any other Parent/Guardian with whom the Dancer participant lives:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health:**

Allergies: \_\_\_\_\_

Other conditions or situations that may arise during Messiah Christian Church activities about which we should know:

**Emergency Contact Information**

**Primary Emergency Contact Name:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Medical Information

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Main Insured: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

( ) I am interested in volunteering, please contact me.

### Photo/Video Release:

I agree that photos and videos may be taken of my Child while at the SonDance Academy programs and events and may be used by SonDance Academy for future promotional purposes.

### Liability Release and Waiver Agreement

#### Medical Release:

I understand that every effort will be made to contact the Primary Emergency Contacts in the event of an emergency. In the event that no contact can be reached in an emergency while my Child is with SonDance Academy, and, in the judgment of SonDance Academy, the emergency requires medical care and treatment, I hereby authorize any SonDance Academy employee or volunteer to procure medical care and any physician, hospital or other healthcare provider to give such care to my Child. I also hereby give permission for the transport to/from a doctor and/or hospital by a SonDance Academy employee or volunteer or ambulance. I also give my permission to the physician or dentist selected by the SonDance Academy supervisors to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my Child as deemed necessary. Furthermore, I do hereby authorize a representative of the SonDance Academy to act as agent(s) for my Child for the purpose of consenting to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special treatment and hospital care of any physician or surgeon on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I hereby give the representative(s) of SonDance Academy permission to use their judgment in obtaining medical services. I hereby give permission to the SonDance Academy staff to administer medications to my Child as directed above.

I hereby waive, release, discharge and covenant not to sue SonDance Academy, and its employees, volunteers, officers, directors, representatives and agents from exercising their judgment to authorize emergency medical treatment and from any and all demands, causes of action, losses or damages, including without limitation, any injury, death, or damage to property that may be suffered by my Child whether caused or alleged to be caused in whole or in part by the actions or inactions of SonDance Academy, and its employees, volunteers, officers, directors, representatives and agents. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment. I agree that if my Child requires medical services, SonDance Academy will not be responsible for any medical expenses.

#### General Liability Release, Waiver, Indemnification, and Assumption of the Risk:

I request that my minor child be permitted to participate in SonDance Academy program and activities outlined above, and I authorize him/her to do so. I further authorize and give my permission for my Child to participate in any and all activities provided at Messiah Christian Church. I hereby attest and verify that my Child is physically fit and capable of participation in Messiah Christian Church. I further attest that my Child possesses sufficient maturity and self-control to behave properly during events without continuous direct supervision.

While I understand that SonDance Academy will endeavor to properly supervise the program and activities, as a parent I understand and agree that there is inherent risk involved with such activities. I hereby acknowledge and agree that by consenting to permit my Child to attend SonDance Academy and participate in all activities during the course of SonDance Academy, I expressly assume the risk of any and all injuries, damages, liabilities, and other claims, including but not limited to claims of contribution and indemnification, that may arise as a result of my Child's attendance at, and participation in, SonDance Academy's program and activities. This acknowledgement, consent, and assumption of the risk specifically includes, but is not limited to, all such risks associated with the novel coronavirus that causes COVID-19 and all such risks associated with the COVID-19 pandemic.

I acknowledge and understand that COVID-19 has been declared a global pandemic by the World Health Organization (WHO), and I further acknowledge and understand that COVID-19 is extremely contagious and may be contracted from various sources, including sources, individuals, participants, and staff the SonDance Academy program and activities. I further acknowledge and understand that COVID-19 may have a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

My child and I specifically assume all risks and hazards associated with my child's participation in the program and activities including, but not limited to, the risks associated with the COVID-19 virus. I understand and agree that my child will be associating with staff and other children and may contract COVID-19, and/or other viruses and diseases, through my child's participation in the program and activities. Although the children and staff have agreed to terms and precautions required by SonDance Academy, including reporting any fever or other symptoms of COVID-19 and agreeing not to participate if they have any symptoms, I understand and acknowledge that such precautions are not nearly adequate to

prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. My child and I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I hereby certify and agree that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in dance, which will not have a medical professional on staff. I acknowledge and agree that I will take my child's temperature each day before reporting to the program, and I further acknowledge and agree that I will notify SonDance Academy and not send my child to the program if my child develops a fever or illness or tests positive for COVID-19. I understand and agree that my child will be separated and sent home if my child becomes sick, develops a fever, or otherwise has any of the symptoms associated with COVID-19 or other illness.

On behalf of myself, my child, and all family members, I hereby expressly agree to release and hold harmless Messiah Christian Church and SonDance Academy, and its employees, volunteers, officers, directors, representatives, insurers, and agents ("Releasees") from and against any liabilities, claims and damages associated with my Child's participation in and presence at the SonDance Academy. I further agree to release and waive any and all claims for damages for death, illness, personal injury, loss or property damage which I may have or which may hereafter accrue to me or my Child, against Releasees as a result of my Child's attendance and participation in SonDance Academy and any of the activities or events at SonDance Academy, and/or with respect to the conditions of the sites involved, and/or with respect to the supervision provided, and/or with respect to the activities performed, whether or not caused by the negligence (active or passive) of Releasees or any of them. I further agree not to sue or cause any other party to sue the Releasees for any claims, damages, or liabilities, known or unknown, released by this release. I further agree to hold harmless and indemnify Releasees from and against any and all claims, liability, damages, awards, legal expenses, including reasonable attorney's fees, incurred as a result of, or arising out of, my Child's attendance or participation in SonDance Academy.

I acknowledge and agree that this release agreement releases and precludes any claims of which I am not now aware, including but not limited to future claims not within my contemplation and claims for contribution and indemnification, and of which I may only become aware at some later date. Nevertheless, I fully and freely intend to and do, by executing this release agreement, release any such claims. I acknowledge, represent, and agree that I am executing this form on behalf of myself, my Child, and my spouse or legal guardian or other parent of my Child if any, and I represent and agree that I have full and binding authority to do so. This release agreement is binding upon me, my Child, my spouse or legal guardian or other parent of my Child if any, and each and all of their heirs, successors and assigns, the administrator/executor of their estate, and their agents and legal representatives. If any portion of this release agreement is deemed unenforceable, the remainder shall be given full force and effect.

**I have carefully read and fully understand and agree to the contents of this Release Form and agreement, and I acknowledge and agree that this release was entered into freely and voluntarily. I represent and agree that the information provided by me on this form is true and accurate to the best of my knowledge, and I understand and agree that my Child may be dismissed if I provide any inaccurate information.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Please Print Name)