

**Camp Allegro
WAIVER OF LIABILITY**

(PLEASE PRINT)

DATE _____

NAME _____ D.O.B. _____ AGE _____

PARENT(S) OR GUARDIAN(S) _____

WAIVER OF LIABILITY

This agreement officially excludes Camp Allegro and all subsidiaries of CA of any liabilities resulting from any accidents or injuries resulting from you and/or your child's participation in any class, camp, rehearsal, performance, and event itself, and travel to and from any events or enrichment outings and activities.

Furthermore, it is understood that any medical expense incurred due to a Camp Allegro artistic or enrichment event, or social is the sole responsibility of the participant in the event. This is inclusive of pre-existing conditions, which may become aggravated due to your or your child's participation in the artistic event.

It is also understood that no legal action will be brought against Camp Allegro or any subsidiaries or authorized personnel by you or your child because of any matter related directly to you or your child's participation in any practice session, social event, or artistic event held.

By signing your name, you are stating that you have read and fully understand the above Statement.

Student Signature Date: _____

Parent(s) or Guardian(s) Signature (if child is a participant under 18 years of age) Date: _____

Authorized Signature of Director(s) or Authorized Personnel Date: _____

MEDIA WAIVER: PICTURES, VIDEO, TELEVISION, ETC.

I, _____ do hereby give consent to have my child photographed and/or videotaped by Camp Allegro and/or photographers, videographers, television/motion pictures, magazines, newspapers, and other media at Camp Allegro events and events of its performance Clients to be used for the purpose of public relations promotional materials, advertising for new students to join, and/or fundraisers (picture packages including group shots) for Camp Allegro.

EMERGENCY MEDICAL RELEASE

I, _____ do hereby give consent for the medical treatment of myself or my child by a qualified person in the case of emergency. I understand that I will be notified as soon as possible should the need for medical treatment arise. I also understand that this includes medical treatment deemed necessary by a qualified person for either injury or illness. I also understand that the purpose of this release is to speed up any treatment that may be needed and does not supersede my right to be informed as soon as I can be contacted should my child need medical treatment.