

# Register for Camps!

\* Indicates required field

Student Name \*

First

Last

Age \*

Parent Name \*

First

Last

Email \*

Phone Number \*

Address \*

Line 1

Line 2

City

State

Zip Code

Country

Choose Camp \*

- YOU CAN'T STOP THE BEAT, JUNE 23rd, 1pm-4pm, Snohomish Fitness Center  MY SHOT! June 30th, 1pm-4pm, Snohomish Fitness Center  WE OPEN TOMORROW, July 23rd-27th, 9am-3pm  Alice in Wonderland 7/2-7/3  Aladdin 7/5-7/6  The Greatest Showman 7/16-7/20

Before you submit:

Our camps are subject to a minimum number students registered in the class 1 week prior to the start date. Should a class not meet the registration minimum, you will be notified via email and all funds will be returned. We have a class limit of 15 students for camp. Should you decide you no longer wish to stay on the registered list, prior to the class start date, please email the studio to get your name removed. UNPAID CAMP TUITION DOES NOT GUARANTEE YOUR SPOT. If you do not receive an invoice within 24 hours of registration, please email or call us.

Submit

Submit

## Release Form for Edge Performing Arts & Dance, LLC

\* Indicates required field

Student Name \*

First

Last

Parent/Guardian Name \*

First

Last

Parent Email \*

Phone Number \*

Emergency Contact \*

First

Last

Emergency Contact Phone Number \*

Allergies/Medical Conditions \*

Please read the Accident Waiver and Release of Liability and Photo waiver. Clicking the "I agree" box and filling out the name section act as a physical signature. You must agree to these terms for participation.

#### **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released. I certify that I am physically fit and healthy. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my disability, personal injury, THE FOLLOWING ENTITIES OR PERSONS: EDGE Performing Arts and Dance and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that EDGE Performing Arts and Dance and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I have read and agree to all the terms listed in the Accident and Liability waiver: \*

Yes, I agree  No, I do not agree

By filling out the box below with your LEGAL NAME, it acts as a signature to accept the information provided in the Accident and Liability Waiver. You agree to accept these terms on behalf of a someone in your care who is 18 years or younger. \*

Submit

Submit