

## **PARENT GENERAL AGREEMENT AND PERMISSIONS**

I agree to allow my child to participate in the activities during ART Summer Performing Arts Intensive. I understand that all activities will take place at Lathrop E Smith Environmental Education Center in Rockville, MD, unless otherwise communicated by email, or on the website.

(For overnight campers) I agree to allow my child to participate in off-campus field trips, which may include transportation provided independently by Sandy Spring Friends School. I hereby give permission for my camper to participate in any and all such activities, which are supervised and deemed appropriate by qualified camp personnel.

## **CONDUCT AGREEMENT**

### **MY CHILD UNDERSTANDS THE FOLLOWING BEHAVIOR IS NOT TOLERATED:**

- Disturbances after evening curfew.
- Leaving camp without camp director's approval.
- Smoking, use or storing of alcohol, marijuana, or any non-prescribed drug or illegal substance.
- Continuous disruptive or destructive behavior.
- Bullying other students or staff.
- Leaving buildings after curfew without adult supervision.

### **MY CHILD AGREES TO:**

- Arrive on time and fully participate in all classes, rehearsals, and performances.
- Behave politely and maturely at all classes, rehearsals and performances.
- Follow the safety guidelines set out by counselors.
- Respect property at all locations.
- Treat students and staff with respect at all times.
- Fully participate in a daily clean-up of rooms as assigned by counselors.
- Store all over the counter medications and prescription medications with the nurse, who will direct the administration of these drugs. This includes aspirin, acetaminophen, and ibuprofen, etc.
- Abide by the rules and regulations laid out in the Handbook.

Failure to comply with any of the above may result in expulsion from the Russian 2017 Summer Performing Arts Intensive without refund.

## **PHOTO/VIDEO/INTERVIEW WAIVER:**

I understand that allowing my child to participate in the camp activities and performances means that I give permission for him/her to be photographed, video/audiotaped and/or interviewed as part of his/her participation in ART (Association of Russian speaking theaters) programs. It is my understanding that all media described above or portions thereof will be used for public view to promote ART programs. I agree that my child named in this registration will participate without financial remuneration, and I understand that this releases any audio/videographer/photographer/interviewer from any future claims as well as from any liability arising from the use of said media.

### **LIABILITY WAIVER:**

By allowing my child to participate in ART Summer Performing Arts Intensive activities, rehearsals and performance, I understand that my child is participating at their own risk and that ART assumes no liability for injury or risk.

I certify that my child is physically fit and has no physical or mental condition, which may limit his/her ability to safely participate in all ART activities, and/or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

I hereby acknowledge and agree that, by participating in the ART activities, I assume all of the risk of injury and I hereby agree further that I will not assert any claim against ART, its employees, officers, directors or members or any of its affiliated companies by reason of any injury, death or other losses or damages arising out of my child's participation in any ART activities.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ART, its employees, agents, officers, directors and members or any of its subsidiaries or affiliated companies from any and all claims, demands or causes of action, which are in any way connected with my child's participation in all ART activities, and any and all liability for any injuries or illnesses sustained or incurred while participating in ART activities.

I hereby authorize the staff members at ART to act for my child in any emergency requiring medical attention using their best judgment.

All medical expenses incurred will be the responsibility of my family. I have no knowledge of any physical or mental impairment or disability that would prevent participation in ART activities.

My child is covered exclusively by medical and other health insurance and I am responsible for all medical payments.

Should ART, or any of its subsidiaries or affiliated companies, or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

## **MEDICAL RELEASE AND AUTHORIZATION**

In case of emergency, I understand that every effort will be made to contact the legal guardian or the emergency contacts listed in these forms. In the event that legal guardian or emergency contact cannot be reached, permission is given to ART staff to secure a proper treatment including hospitalization, necessary tests, surgery, anesthesia, or injections of medication for the individual. Permission is given to transport the individual for medical assistance. It is understood that the individual or the legal guardian is responsible for payment of all medical treatment.

I understand that if I have misrepresented or failed to inform ART of any special needs or disabilities that my child has, that ART may not be able to provide appropriate support. If this situation occurs, I understand and agree that ART will terminate participation in the program. And I understand and agree that if my child must leave the program because of undisclosed issues, no money will be refunded to me.

State regulations require permission to allow ART to administer medications to the individual while at the Summer Performing Arts Intensive. It is required that the first dose of all medication be administered at home. Exceptions can be made at the discretion of ART management. I hereby give permission for nursing staff to give medication to the individual while they are at the program.

(For overnight campers) I also understand that if my child is on daily medication or vitamins, ART REQUIRES ME TO CONTACT CAMPMEDS to have these items pre-packaged. This is non-negotiable. CampMeds will take the prescription/s, and for a small fee, package it into single doses, labeled with a date and time. This ensures that dosages are not missed and helps our health center run safely and efficiently. More information is available in the and book.

Electronic Signature  This field is required. By entering my name here, I assert that I have reviewed and agree to all of the waivers, agreements, releases, and authorizations above.