

# 2023 Summer Dance Camp (Ages 7+)



#1) June 5<sup>th</sup> - June 9<sup>th</sup> (balance due May 15<sup>th</sup>)

#2) July 26<sup>th</sup> - June 30<sup>th</sup> (balance due June 5<sup>th</sup>)

#3) July 24<sup>th</sup> - July 28<sup>th</sup> (balance due July 3<sup>rd</sup>)

9am - 4pm (early drop-off 8:45am)

**\$200/student/camp**

**(\$100 non-refundable deposit required to hold your spot)**

**Sign up for 1 camp, & receive \$25 off your 2nd camp!**

Activities Include: Dance classes, arcade/gaming, movies, and social time. Last day of camp, parents can come watch students perform before camp ends (email will be sent with time).

- Fill out and sign the attached forms/waivers.
- Pay via CashApp (\$mannycross812), Venmo (@ShaziaHurd), or cash *only*.
- We accept Epic Learning Funds for camp (must be requested by 5/26/23).

**Food:** Children must eat breakfast at home and must bring their own lunch, snack and water (food/drink is *not* provided). Lunch is from 12:00 pm - 1:30 pm.

**IMPORTANT:** Children must be picked up by the same parent/guardian that dropped them off (you *may* be required to provide photo ID). If your child needs to be picked up by anyone other than who dropped them off, the parent/guardian who initially dropped off the child may need to provide a copy of a photo ID of who will pick up the child; the adult picking up the child may need to present their photo ID in order for Hurd Family Studios to release the child to the adult that did not initially drop off the child.

**Enrollment Form**

(Parent/Guardian) Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

PARENT/GUARDIAN

Drop Off Parent/Guardian Full Legal Name: \_\_\_\_\_

Pick Up Parent/Guardian Full Legal Name: \_\_\_\_\_

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**Camp: (circle) #1 #2 #3**

**Students Info:**

\*Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information/Allergies/Medications/Notes: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance Policy Holder Name: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance Policy Holder Name: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

## Hurd Family Studios LLC 2023 Summer Dance Camp Waivers

**Illness Waiver:** I understand that if my child(ren) is sick/ill, shows any signs/symptoms of being sick/ill, has been exposed to anyone who is sick/ill that they will *not* be attending camp. I understand that face masks are used at my, the parent/guardians, discretion. I understand that prior to camp I will educate my child(ren) on proper handwashing before eating, touching their face/ eyes/mouth. I understand I will advise my child(ren) to cover their mouth/nose while sneezing/coughing. I understand if my child(ren) begins to show signs of illness I will pick them up from camp as soon as I am notified.

**Waiver of Liability Relating to Coronavirus/COVID-19** ("COVID-19" as used herein includes any known or unknown pandemic declared by the WHO) (in this waiver, HFS stands for Hurd Family Studios): The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization ("WHO"). COVID-19 is reported to be extremely contagious. The virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and unknowingly spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. HFS has put in place preventative measures to reduce the spread of COVID-19, however, HFS cannot prevent you (or your children) from becoming exposed to, contracting, or spreading COVID-19 while attending HFS's Events and/or entering HFS's premises. It is not possible to completely prevent against the presence of the disease. Therefore, if you choose to attend HFS's Events and/or enter onto HFS's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to attend HFS's Events and/or enter HFS's premises. These services are of such value to me (and/or to my children,) that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to attend HFS's Events and/or premises in person.

**WAIVER OF LAWSUIT/LIABILITY** I hereby forever assume all the foregoing risks and accept sole responsibility for injury to my child(ren) or myself and release and waive my right to bring suit against HFS and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to attending HFS's events and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease, property losses, or any other loss, including but not limited to claims of negligence and give up any claim I, or my heirs and assigns, may have to seek damages, whether known or unknown, foreseen or unforeseen. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of HFS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my presence at any of HFS's Events or locations.

**Drop Off/ Pick Up:** I understand I am to pick up my child(ren) at 4:00 pm each day my child(ren) will be attending Hurd Family Studios LLC Summer Dance Camp. I understand the studio will shut down camp related activities at 4:00 pm sharp. I understand that I am the parent/guardian who will drop off and pick up my child(ren). I will provide photo ID for drop off/pick up purposes. I understand if I am not the parent/guardian who is picking up my child(ren), I will provide the name and photo ID of who will be picking them up. I understand that if I do not provide the name and photo ID of the alternative pick up parent/guardian, Hurd Family Studios LLC will not release my child(ren) to anyone other than the parent/guardian who dropped them off.

**Payment Agreement:** I understand my \$100 deposit is non-refundable. If for some reason my child is unable to attend after paying, I understand I will receive a \$100 credit (which is \$200 minus the non-refundable deposit) for future camps/classes at Hurd Family Studios LLC and will not be receiving a refund.

**Liability Waiver:** I hereby waive, release and forever discharge Hurd Family Studios LLC and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Hurd Family Studios LLC activities, whether or not damages or loss is due to negligence. I hereby acknowledge that I am physically fit and capable of participation in all Hurd Family Studios LLC activities. I agree to participate in Hurd Family Studios LLC activities, and hereby release Hurd Family Studios LLC, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself while participating in the Hurd Family Studios LLC program, including travel to and from training sessions, organization events or other scheduled activities. I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/ or other family members, or both, while I (or my child(ren) or family members) participating in the Hurd Family Studios LLC program.

**Medical Release Waiver:** I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Hurd Family Studios to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment. I hereby waive, release and forever discharge Hurd Family Studios and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Hurd Family Studios activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is (are) physically fit and capable of participation in all Hurd Family Studios activities.

**Social Media Release:** I hereby grant Hurd Family Studios LLC permission to use my likeness in a photograph, video, or other digital media ("photo/video") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos/videos will become the property of Hurd Family Studios LLC and will not be returned. I hereby irrevocably authorize Hurd Family Studios LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the Hurd Family Studios LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. Photographic, audio or video recordings may be used for the following purposes: commercial presentations, online music video platforms (YouTube, Vimeo, etc.), television or broadcast media distribution, Social media posts (Facebook, Instagram, Twitter, etc.). By agreeing to this form, I understand this permission signifies that photographic or video recordings of myself may be electronically displayed via the Internet or in the public business settings. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. By agreeing to this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for entertainment purposes.

I have read and agree to all the above terms

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

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