



## summer camp registration form

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Child(ren)'s name(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Session Number/s \_\_\_\_\_ Birthdate(s) \_\_\_\_\_

Session Date/s \_\_\_\_\_

Food allergies or other important information about your child \_\_\_\_\_

How were you referred to Busy Bees Studio? \_\_\_\_\_

In exchange for permission for me and/or for my child to participate in events and/or classes held at Busy Bees Studio, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified above, release, discharge and hold harmless Busy Bees Studio LLC, it's officers, directors, managers, independent contractors, agents, landlords, lessees, sponsors and guest speakers (hereafter the "Released Parties") from any and all liability for injury to my child, my person, or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in events and/or classes held at Busy Bees Studio.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation in and to endure the events and/or classes at Busy Bees Studio.

In the event that I and/or my child becomes ill or injured during or as a result of participation in events and/or classes at Busy Bees Studio, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge, and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency treatment.

I authorize Busy Bees Studio use of photographs as well as video and audio recordings of my child participating in studio activities for promotional purposes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_