



## Miracles in Motion

Providing Quality Dance Instruction for People with Special Needs

### 2017 Summer Dance Camp ASSISTANT REGISTRATION

#### Camp Week 1 – Mechanicsville

July 10– 13 / 2:00-5:00

Location: School of Dance Arts

7223 Stonewall Parkway

Mechanicsville, VA. 23111

#### Camp Week 2 – West End

July 17– 19 / 1:00-4:00

Location: Rigsby's Jig

5470 West Broad Street

Richmond, VA. 23230

Assistant Name \_\_\_\_\_ Age \_\_\_\_\_

**CAMP YOU ARE VOLUNTEERING FOR: (circle one or both)**

**July 10-13 (Mechanicsville)**

**July 17-19 (West End)**

**Would you ALSO like to volunteer for any of the following during camp?**

**CRAFT**

**SET UP**

**CLEAN UP**

**Do you have any artistic skills that you would like to share with our dancers?**(ex-photography, theater, dance, painting, face painting, etc)

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**Where did you here about us? (Social Media, Friend, School, etc.)**

\_\_\_\_\_

**Assistant Contact Number: Home** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Text? Y / N**

**Assistant Email** \_\_\_\_\_

**Please provide an email address that you check regularly. We use email as our primary form of communication!!**

**Parent's Name** \_\_\_\_\_

**Parents Cell** \_\_\_\_\_ **Text? Y / N**

**Parent's Email** \_\_\_\_\_

I have read and understand the expectations of being a Miracles in Motion Assistant.

\_\_\_\_\_

(signature of assistant)

\_\_\_\_\_

(signature of parent if under 18)

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Kim Moncrief/Miracles in Motion

Volunteer

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR 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, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I am aware that dancing and exercises associated with it places unusual stresses on the body and carries with them the risk of physical injury. I understand and accept that risk of injury is possible while participating in athletic activities. I authorize the directors and staff of Kim Moncrief/Miracles in Motion to act according to their best judgment any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with Kim Moncrief/Miracles in Motion for all medical or dental expenses incurred as a result of participation in Kim Moncrief/Miracles in Motion activities or programs, or use of Kim Moncrief/Miracles in Motion facilities. I hereby acknowledge Kim Moncrief/Miracles in Motion, its staff, or representatives, cannot be held responsible for any injury to myself or my son/daughter. I also understand that this agreement for the duration of time of enrollment.

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

In consideration of my application and permitting me to participate in this activity/event, 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 death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and event, THE FOLLOWING ENTITIES OR PERSONS: Kim Moncrief/Miracles in Motion, and/or their directors, officers, employees, volunteers, representatives, and agents, activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that Kim Moncrief/Miracles in Motion 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 or activity on behalf Kim Moncrief/Miracles in Motion. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

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

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

Print Participant's Name Age Signature Date
(if under 18 years old, Parent or guardian must sign)

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name Age Signature of Parent or Guardian Date

Photo/Videography Release

Parent's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

I give my permission for a representative of Kim Moncrief/Miracles in Motion to photograph and videotape my child during class time and/or any performance that he or may participate in affiliated with Kim Moncrief/Miracles in Motion. It is my understanding that the video and/or photos may or may not be sold or may be used for advertising purposes. I understand all the terms of the release.

Signature of Parent or Guardian Date

MAIL OR EMAIL TO: Miracles in Motion, 1511 Westbury Drive, Henrico, VA 23229
miraclesinmotion07@gmail.com
www.miraclesinmotionva.org