



Miracles in Motion

Providing Quality Dance Instruction for People with Special Needs

2018 Summer Dance Camp Registration

Ages 4-Adult

Students will have the opportunity to experience many different genres of dance. They will also enjoy a variety of other related activities such as theater, music, gymnastics, photography, video, art/crafts and much more!

Snacks and drinks will be provided (please let us know of any allergies/dietary concerns)

Camp Week 1 – West End

July 9– 11 / 1:00-4:00
Location: Rigsby's Jig
5470 West Broad Street
Richmond, VA. 23230

Camp Week 2 – Mechanicsville

July 16– 18 / 2:00-5:00
Location: School of Dance Arts
7223 Stonewall Parkway
Mechanicsville, VA 23111

**\$10 Registration Fee
&
\$150 – Camp Week 1 OR 2
\$250 – Both Camps**

Cash or Check payable to: Miracles in Motion

Circle one: Camp Week 1 Camp Week 2 Both Camps

STUDENT _____ AGE _____ DATE OF BIRTH _____

PARENT(S) _____

ADDRESS _____

E-MAIL _____ HOME PHONE _____

CELL PHONE: MOTHER _____ (text? Y / N) FATHER _____ (text? Y / N)

Allergies/Diagnosis or Special Need: _____

Mail to: Miracles in Motion, 1511 Westbury Drive, Henrico, VA 23229

Contact: miraclesinmotion07@gmail.com / 804-938-2034

www.miraclesinmotionva.org

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Kim Moncrief/Miracles in Motion

Circle One: Dance Instruction Student Volunteering

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

Photography/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