

Callback Company Summer 2019 Events Registration Agreement

Name _____ DOB _____

Address _____

City, State Zip _____ Phone _____

Email _____

Guardian' Name(s) _____

Phone _____

Event: **Audition Bootcamp** **Camp BFA**

Paid _____ via _____ (check number)

Photo Release and Consent. The Client, or the Client's parent(s) or legal guardian(s) if Client is a minor, hereby authorize(s) without limitation The Callback Company, its successors and assigns, and those acting with its permission and upon its authority, to photograph, videotape, film, audiotape, or otherwise record the Client and to use the Client's photograph, video image, film image, voice, or likeness for advertising, publicity, or any other lawful purpose for the benefit of and relating to The Callback Company. The Client or Client's parent(s) or legal guardian(s) if Client is a minor, hereby acknowledge(s) and agree(s) that neither the Client, his/her parent(s) or legal guardian(s), nor any heir, successor, or assign will be entitled to receive any compensation for such use, and hereby release The Callback Company, its successor and assigns, and those acting with its permission and upon its authority, from any liability, responsibility, or claim that may arise by reason of any exercise of the authority granted above.

Field Trip Consent. The Client, or Client's parent(s) or legal guardian(s) if Client is a minor, hereby grant(s) without limitation the Client permission to activities or events organized and conducted by The Callback Company away from The Callback Company's principal place of business.

Waiver of Liability. The Client, or Client's parent(s) or legal guardian(s) if Client is a minor, hereby acknowledge(s) and agree(s) that the participation of the Client in any Callback Company related activity or extracurricular activity, whether on campus or off campus, and the use of any Callback Company facility, equipment, or property, shall be undertaken at the Client's own risk. The Callback Company and its owners, administrators, faculty, trustees, employees, agents, and contractors shall not be liable for any claims, demands, personal injuries (including death),

damages, actions, or causes of action whatsoever arising out of or related to the Client's attendance at or participation in any activities or events of The Callback Company, including travel or transportation to and from any such activity or event. The Client, or Client's parent(s) or legal guardian(s) if Client is a minor, do hereby expressly forever release, discharge, and hold harmless The Callback Company and its owners, administrators, faculty, trustees, employees, agents, and contractors from all such claims, demands, personal injuries (including death), damages, actions, or causes of action and from all acts of active or passive negligence, including but not limited to negligent supervision, on the part of The Callback Company and its owners, administrators, faculty, trustees, employees, agents, and contractors or arising from or related to the condition or defect, whether visible or latent, or any vehicle, equipment, or other personal property, or any real property, including but not limited to any facilities or improvements located on such real property, in which The Callback Company has an ownership, leasehold, or other interest. The Client, or Client's parent(s) or legal guardian(s) if Client is a minor, acknowledge(s) and agree(s) that all use or enjoyment of such real property or personal property by us or the Client shall be at the risk of the Client.

I, the participant, have read and understand this Registration Agreement, agree to the provisions, and will abide by the provisions as stated.

Signature

Date

I/We, the parent(s) or legal guardian(s) financially responsible for the above-named Client, have read and understand this Enrollment Agreement, agree to the provisions, and will abide by the provisions as stated. I/We, the parent(s) or legal guardian(s) financially responsible for the abovenamed Client, represent and warrant to The Callback Company that my/our execution and delivery of this Enrollment Agreement makes all provisions of this contract binding upon, and enforceable against, all of the above-named student's parents or legal guardians (whether custodial or non-custodial). Upon receipt by The Callback Company of both (i) the executed Enrollment Contract and (ii) payment of the required tuition deposit, The Callback Company shall be deemed to have accepted this Enrollment Agreement.

Parent/Guardian I Financially Responsible for Student **Parent/Guardian II Financially Responsible for Student**

I Agree Yes

I Agree Yes

Signature _____

Signature _____

Emergency Contacts

Please provide at least one Emergency Contact other than parents/guardians.

Note: The Emergency Contacts will be contacted **if the parents or legal guardians cannot be reached.**

Contact 1 Contact 2

First Name _____ First Name _____
Last Name _____ Last Name _____
Relationship to Student _____ Relationship to Student _____
Primary Phone _____ Primary Phone _____
Secondary Phone _____ Secondary Phone _____

Contact 3 Contact 4

First Name _____ First Name _____
Last Name _____ Last Name _____
Relationship to Student _____ Relationship to Student _____
Primary Phone _____ Primary Phone _____
Secondary Phone _____ Secondary Phone _____

Health Insurance

Medical Information

Health Insurance Company _____

Physician Information Policy/Group # _____

Physician Name _____

Physician Phone _____

Dentist Information

Dentist Name _____

Dentist Phone _____

Current Medications

Please list any medications your child is currently taking.

Medical History

Does the student have any current problems or history of the following? (if Yes, please explain)

Allergies

Medication Allergy _____ Environmental Allergy _____

Food/Beverage Allergy _____ Please Explain _____

Please Explain _____ Requires EPI-PEN (parents to provide)

Insect Allergy _____

Asthma _____

Arthritis/Bone or Joint Disease History of Orthopedic Problems or Surgery

Blood Disorders/Anemia Skin Conditions/Problems _____

Please Explain _____ Diabetes _____

Epilepsy/Seizures _____

Chronic Illness _____

Heart Murmur/Cardiac Disease _____ Visual Problems _____

History of Head Injury, Headaches _____

Student Wears _____

History of Migraines Hearing Problems _____

History of Broken Bones _____ Please Explain _____

Please Explain _____

Indicate which over-the-counter medications we may give your child. Please Note: For medications that will be administered by the nurses at school, the parent must agree to the Authorization to Administer Medications, including EpiPens, inhalers, diabetic supplies and medications.

Acetaminophen (generic Tylenol)	Hydrocortisone Cream
Yes/No	Yes/No
Ibuprofen (generic Advil/Motrin)	Antibiotic Ointment
Yes/No	Yes/No
Benadryl	Menthol Lozenge
Yes/No	Yes/No
Tums/Mylanta	Please list any additional over-the-counter medications
Yes/No	

Authorization and Consent to Administer Medications and Medical Treatment

Understanding that my child may need emergency or other immediate medical treatment during school hours or while at school activities, I authorize The Callback Company, through its nurse or other qualified persons, to administer such first aid and/or minor medical treatment that the school shall deem best under the circumstances, including but not limited to the use of a defibrillator for apparent heart stoppages, an EpiPen for severe allergic reactions, and oxygen for shortness of breath, and I hereby consent for my child to receive such treatment. I understand that certain emergencies may require such prompt and immediate attention to my child that nursing or other qualified assistance may not be readily available, and therefore I understand and agree that any Callback Company employee, contractor, volunteer, or agent may provide emergency assistance to my child. I understand that in the event of an emergency requiring immediate medical care, The Callback Company will attempt to notify me or any other legal guardian of or emergency contact person for my child, and if The Callback Company is unable to notify me or such contact person, I understand that The Callback Company may seek emergency services for my child without notification to me, and I consent to have my child treated by a duly qualified physician or other medical personnel at any emergency hospital or other medical facility deemed appropriate by The Callback Company under the circumstances. In addition, I hereby request that The Callback Company, through its designated authority, assist, supervise, and/or administer any and all over-the-counter medications indicated in this document as well as any prescription or nonprescription medication I have requested to be given to my child by submitting an Authorization to Administer Medications form.

I hereby release The Callback Company, LLC, its owners, Board of Trustees, and any employee, contractor, volunteer, or agent from liability for administering medications, emergency medical assistance, and/or first aid to my child, and I agree to hold harmless, indemnify The Callback Company, its owners, Board members, employees, contractors, volunteers, and agents, either jointly or severally, from and against any and all claims, damages, causes of action, or injuries (including death) arising from the medication or treatment of my child by any Callback Company owner, employee, contractor, volunteer, or agent or by any physician, emergency personnel, or other medical personnel while at The Callback Company or at Callback Company-sponsored events or while my child is at or being transported to or from any medical or emergency facility while under the supervision or control of Callback Company employees, contractors, volunteers, or agents.

I acknowledge that it is my responsibility to keep my child's records current to reflect any allergies, medical, and physical conditions, and communicable diseases. I acknowledge that the responsibility to provide medical insurance for my child rests with me as parent or guardian and that such insurance is not available through The Callback Company. I further understand and agree that I shall be responsible for all costs of care and treatment of my child while under the control or supervision of Callback Company personnel, including the costs of any ambulance, helicopter, or other transportation of my child for medical purposes.

I Agree **Yes/No**