

INTERNATIONAL LANGUAGES AND ART CENTER

PARTICIPANT REGISTRATION FORM

ART CAMP

REGISTRATION DETAILS

Child's Family Name: Child's First Name:
Date of Birth: Grade:
School:
Address:
City: State: Email:
Known Allergies:

PARENT/GUARDIAN DETAILS

Parent/Legal Guardian Name:
Address (if different from above):
Cell: Parent Email:

EVENT DETAILS

ART CAMP		DATE OF EVENT	Date: December 18-22, 2023
ACTUAL TIME OF EVENT	BEGIN: 9 am END: 2 pm	LOCATION:	11205 Alpharetta Hwy, Suite B-5 Roswell, GA 30076
Authorized Person to pick-up (if different from parent/legal guardian above)	Name:	Phone Number:	

Late Pick-Up Policy: We expect children to be picked up within 15 minutes of the end of class. There will be a late fee of \$1.00 for each minute after that.

Drop off: official drop-off time is at 9 am. If you would like to drop off your child early (8:30-8:45 am), please let us know. There will be one-time \$25 fee per child for early drop offs.

Signature

Date

CANCELATION POLICY

All registrations are final. No cancelations for camps. Replacements by qualified children i.e. transfer of the registration at no extra cost, are much welcome. Missed days are NOT refunded, and are NOT subject to make-up.

DATA PROTECTION STATEMENT & PERSONALITY / IMAGE RIGHTS

By filling out the registration form, the participant gives consent that ORGANIZER can process the data provided within the framework of the camp and allow photographs to be made during the camp. This includes, unless registered participants object, all handling needed for the applicant's participation at the camp and for the drafting of a list of participants which may be publicly published, and placing photographs in the pictures gallery accessible publicly online and ORGANIZER members, in the ORGANIZER newsletter or selecting some for articles on the camp in a journal or newspaper, or in any other web/printed publication.

Name:

Signature:

Approved and signed by the participant (if over 18) or a parent or legal guardian

RELEASE AND WAIVER

As the parent or legal guardian of the above child, who is a minor child under the age of eighteen (18) (hereinafter "my Child"), and in exchange for the benefits to be derived by my Child's participation in this Activity, sponsored by International Languages and Art Center, LLC., I hereby agree, on behalf of myself and my child, to the following: I hereby grant my permission for my Child to participate in the Activity. I am fully aware of the risks and hazards connected with my Child's participation in the Activity, and hereby elect to allow my Child to voluntarily participate in the Activity, knowing that the Activity may be hazardous to my Child or to his or her property. On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my Child, or any loss or damage to property owned by myself or my Child, as a result of my Child being engaged in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR ITS VOLUNTEERS, AGENTS, or otherwise. On behalf of myself and my Child, as well as our respective estates, heirs, administrators, executors, and assigns, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE International Languages and Art Center, and their officers, servants, agents, employees, or volunteers (hereinafter "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by me, or my Child, to any property belonging to me or my Child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Activity. It is my express intent that this Release and Hold Harmless Agreement (hereinafter "Agreement") shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Georgia.

HEALTH CARE AUTHORIZATION: The undersigned hereby authorizes the International Languages and Art Center, LLC., to perform any acts which may be necessary or proper to provide emergency health care of any student in the event that the parent/guardian and/or emergency contact cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that she/he is responsible for all costs and expenses of such medical treatment.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child.

Child's Printed Name _____ Date _____

Parent's Printed Name _____ Signature _____