



**Policies and Participation Contract**  
***Summer Camp 2022***  
**COVID-19 Liability and Release in the Event of In-Person**  
**Instruction or Performance**

Haven Academy of the Arts cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while participating in its programming. It is not possible to prevent against the presence of the disease. Therefore, if you or your child choose to participate in Haven Academy of the Arts programming, you may be exposing yourself/your child to and/or increasing your risk of contracting or spreading COVID-19.

\_\_\_ I acknowledge that EACH day my child participates in the program they are symptom free of the following list of symptoms related to COVID-19 as defined by the CDC: fever, chills, cough, shortness of breath, recent loss of taste or smell, headaches, muscle pain, sore throat, nausea and/or vomiting.

\_\_\_ Additionally, I agree that if my child develops potential COVID-19 symptoms (fever, chills, cough, shortness of breath, recent loss of taste or smell, headaches, muscle pain, sore throat, nausea and/or vomiting.) while in the program, I will keep my child home from rehearsal and notify Haven staff immediately for instructions on returning after an illness.

\_\_\_ Should my child be in direct contact with someone who has tested positive for COVID-19, I commit to contacting Haven staff for quarantine and testing instructions. I understand that my child may not need to quarantine, but should still contact Haven Academy for instructions if exposed

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of myself or my child contracting COVID-19 in order to participate. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in Haven Academy of the Arts programming. rather than arranging for an alternative method of participating in the program virtually (e.g., video conference).

X \_\_\_\_\_  
(Parent Signature)



**Policies and Participation Contract**  
***Summer Camp 2022***  
**Medical & Liability Release**

Child's Full Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Cell Numbers \_\_\_\_\_

Name of someone to contact in the event that the parent/guardian cannot be reached in an emergency: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of a Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from June 13<sup>th</sup>, 2022 through July 30<sup>th</sup>, 2022.

**COVID-19 CLAUSE**

I understand that Haven Academy of the Arts is not liable if I or anyone in my family contracts COVID-19 due my child's participation in a Haven Academy program. I am fully aware that any in-person instruction involves a level of risk, despite safety precautions taken.

**LIABILITY CLAUSE**

By registering my child, I agree to all Haven Academy of the Arts policies and rules; and further agree to defend, indemnify and hold harmless Haven Academy of the Arts and its affiliates, members, managers, employees and agents from all liabilities, costs and expenses (including reasonable attorney's fees) in any way arising out of or attributable to my child's participation or involvement in Haven Academy of the Arts activities or excursions. Without limiting the foregoing, I understand and hereby acknowledge the risks inherent in rehearsing and performing theatre arts material.

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Policies and Participation Contract**  
***Summer Camp 2022***  
**Photo and Video Release**  
**(New and Returning Students)**

Dear Parent or Guardian:

In order to participate in our hybrid virtual and in-person programs, we need a photo and video release on file for you. Due to the possibility of livestreamed and recorded performances, **your child will be unable to participate in our productions without signing a photo and video release.**

Additionally, on occasion, representatives from the Haven Academy may wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from learning about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

\_\_\_ I, the parent/ guardian, give permission for my child to be photographed, videotaped and interviewed by representatives from Haven Academy for the purpose of publicizing the educational programs at Haven Academy. I authorize the use and reproduction, by Haven Academy and anyone authorized by Haven Academy, of any and all photographs, videotapes and interviews taken of my child, without compensation to me or my child. All of these photographs, videos and interviews shall be the property, solely and completely, of Haven Academy. I waive any right to inspect or to approve the finished photographs, videotapes, sound tracks, scripts and printed matter that may be used by Haven Academy.

\_\_\_ I give Haven Academy permission to film my child in the event of a live-streamed or recorded performance.

\_\_\_ I give permission for Haven Academy to use any personal video or sound files that I send in as part of a class requirement.

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**OR** \_\_\_ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_