**Arden Forest School / Summer Camp Registration**

Director: Hope Gold info@ardenforestschool.com 803-207-9624

Administrator: Amber Sane [info@ardenforestschool.com](mailto:info@ardenforestschool.com) 706.537.1035

You can mail your registration form and fees to Arden Forest School 1252 Houston Valley Rd. Rocky Face, GA 30740

Or email the form to [info@ardenforestschool.com](mailto:info@ardenforestschool.com) and PayPal fees to hopegold@yahoo.com

**Fees:  *$150.00 (includes supply fee) per week (5% sibling discount after first enrollee applied)***

*Bring a water bottle and snack/lunch bag, along with a change of clothes each day (in case we get muddy or wet from the creek)*

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| --- | --- | --- | --- |
| Student Names | Birthday | Age | Week |
|  |  |  |  |

Parent/Guardian Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone and Email for Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Issues:**

Special Needs:

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***agree to the following:

RELEASE AND WAIVER OF LIABILITY FOR ARDEN FOREST SCHOOL

By joining this group, I agree to accept all parts of this Release and Waiver.

**Personal Responsibility**  
By enrolling my child, ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** in Arden Forest School I am acknowledging that I am solely and personally responsible for my own preparedness, health, life, well-being, choices, actions and results at all times, and for those of my children or children under my care. I am responsible for bringing/providing the proper gear for myself and children for all weather conditions. I understand that I am responsible for my/my child’s safety when I choose to challenge my capabilities or personal health conditions at Arden Forest School, for determining for participating based on solely my own judgment.

**Emergency Medical Assistance**  
I consent to the application of first-aid or other emergency medical services to be applied to my children, if needed, in connection with a health problem or emergency during school, including calling 911 for an ambulance. I agree to hold the Director(s), Teachers and Administrators harmless as a result of any such injury or damage my child may suffer due to the application of treatment, medical services, or emergency medical care provided or offered to me or my children.

**The Role of Meeting Facilitators and Meeting Organizers**  
I understand and agree that the sole role of the school staff and organizers is to organize the logistics of the school. They are not responsible for my safety or well-being or that of my children.

**No Liability**  
I agree to waive liability of Arden Forest School, its director(s), teachers, administrators, or any other member of the school community, for any accidents, delays, injuries, mishaps, harm, loss, damage, death, lost profits, personal or business interruptions, misapplication of information, physical or mental disease, condition or issue, or otherwise, affiliated with Arden Forest School or otherwise, even if I am expressly advised of the possibility of such damages or difficulties, whether caused by the fault of myself, the school staff, other attendees or other third parties. This release and waiver extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability. In no event will I hold the Arden Forest School or any other school staff/community member liable for any direct, indirect, special, incidental or consequential damages for any use or non-use of, or reliance on school activities.

**No Insurance**  
Arden Forest School does not provide liability insurance for the protection of individuals who may participate in any of the events that take place with the Arden Forest School. I hereby waive and release all rights and claims for damages against Arden Forest School and its staff, community members and families personally for all injuries which may be sustained by me or any family member(s) while participating in the programs I attend. I understand the content of the program and the risks of personal injury herein. I further agree to indemnify and hold harmless Arden Forest School and each of its members from any claim for loss or damage or injury to myself, or any member of my family, arising from or in connection with any participation in the program listed below.

**Release of Claims**  
In consideration of being permitted to participate in school activities, I knowingly, voluntarily and expressly waive any claim I may have against Arden Forest School, its school staff and community members for any injury or damages that I may sustain as a result of participating in the school activities. I agree now that I hereafter forever release Arden Forest School, its school staff and community members from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which I have ever had, now have or will have in the future against the school, arising from my past or future participation in, or otherwise with respect to, any acts or omissions or anything related to the school activities.

**Media Waiver**  
I authorize you to use the following information relating to me, my children and my family: My picture – including photographic, motion picture, and electronic (video) images. I hereby grant to you the right to use, publish, and reproduce, for all purposes pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. I further grant you all right, title, ownership and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant you the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, advertising or for any other purpose, as it deems fit. I also understand that Arden Forest School is not responsible or liable in any way for photos that other members post on social media or otherwise share or distribute as we have no control over others’ actions. Should I object to a photo of me or my child being posted or shared by another community member, I understand that I need to contact that member directly and ask him/her to remove or take down the image as Arden Forest School is not involved or responsible for that situation.

**Voluntary Consent**  
I acknowledge that I am allowing my child to participate voluntarily in school activities with the full awareness that my/their participation may contain certain inherent risks to me, my children or the children under my professional care, and I voluntarily consent to all such risks. I give full consent to participating in the school activities, and by providing my consent, I voluntarily agree to all of the terms of this Release and Waiver. Regardless of whether I have provided my signature or not, my my attendance, or my child’s attendance at a school activity signifies that I have read this Release and Waiver and I fully understand and implicitly consent to all of its contents.

Children bound under this agreement:  
[NAMES AND BIRTHDATES]

By entering my name in the below, I am effectively providing my signature, indicating that all the information on this form is true and accurate, to the best of my knowledge.  
[SIGNATURE AND DATE]