



Camp Kate Participation Waiver

Please read and initial each of the following:

Payment Policies

Camp Kate only accepts check or credit cards as forms of payment. Payment must accompany registration form and be mailed to:

Foundations Performance Center

Attn: Camp Kate

3903 Joliet Avenue

Lyons, IL 60534

____ I've read the above and agree.

Refunds

I understand Camp Kate will not issue refunds for any reason.

____ I've read the above and agree.

Video & Photo Waiver

I give Camp Kate my permission for the public display of pictures and or video of my child for possible advertisement purposes (i.e. brochures, newspaper ads, web site, etc. - no names will be used).

____ I've read the above and agree.

Medical Emergencies

I give my permission to Camp Kate and its owners and operators to seek medical treatment for the students listed above in the event they are not able to reach a parent or guardian. In the fields above, I have declared any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

____ I've read the above and agree.

Release of Liability

As the legal parent or guardian, I release and hold harmless Camp Kate and Foundations Performance Center, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant while in or upon the premises or any premises under the control and supervision of Camp Kate or Foundations Performance Center, its owners and operators or in route to or from any of said premises.

____ I've read the above and agree.