

## Harford Film Camp 2016 – Enrollment & Waiver Form

If you have any questions about the forms or payment, call 310-600-2607, or email [info@harfordfilmcamp.com](mailto:info@harfordfilmcamp.com). Summer Session 2016 – June 27 through July 9.

Student's Name \_\_\_\_\_

Student's DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_ GENDER \_\_\_\_\_

Student's phone number/ email \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Parent's phone numbers \_\_\_\_\_

Parent's emails \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical conditions and/or allergies that you think we should know about

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Consent and Liability Waiver – Release of all Claims (must be signed by parent or guardian)

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (student), or I am a student/ enrollee over the age of eighteen (18). As lawful consideration for me or my minor child being permitted to participate in Harford Film Camp, I agree that neither I and/or my minor child will make a claim against, sue, attach the property of, or prosecute Harford Film Camp, David W. Warfield, his employees, assigns, or contractors for damages for death, personal injury, or property damage which I and/or my minor child may sustain as a result of participation in film camp activities. This release is intended to discharge in advance Harford Film Camp, David W Warfield, and his employees, agents, and contractors, from and against any and all liability, including for negligent actions, arising out of or connected in any way with my or my minor child's participation in film camp, except for liability that may arise out of willful or wanton misconduct of Harford Film camp, David Warfield, or his employees. I FURTHER UNDERSTAND THAT HARFORD FILM CAMP REQUIRES OUTDOOR PHYSICAL ACTIVITY INCLUDING WALKING, CLIMBING, CRAWLING, CARRYING EQUIPMENT, AND OTHER STRENUOUS ACTIVITIES ASSOCIATED WITH LOCATION FILM PRODUCTION, THAT OCCASIONALLY CAN CAUSE PERSONAL INJURY, ILLNESS, PROPERTY

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DAMAGE, OR DEATH. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT I OR MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS HARFORD FILM CAMP, DAVID W WARFIELD, AND THEIR AGENTS, EMPLOYEES AND CONTRACTORS WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, AND/OR MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older and that my child is physically fit and has no known medical conditions which prohibit participation in physical activity or film production. My child and I agree to follow all laws, rules, and guidelines regulating the conduct of film camp.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND/OR MY CHILD AND A CONTRACT BETWEEN MYSELF, AND/OR MY CHILD AND HARFORD FILM CAMP, DAVID W WARFIELD, AND THEIR AGENTS, ASSIGNS, AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

SIGNATURE OF PARENT / GUARDIAN/ STUDENT ENROLLEE OVER THE AGE OF 18:

\_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE OF MINOR STUDENT ENROLLEE (UNDER AGE 18)

\_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_