

VPAA ENROLLMENT FORM –SUMMER- 2017

PO 2300

Edwards, Co 81632

www.vpaa.org

FULL NON-REFUNDABLE TUITION IS \$850, REGISTRATION FORMS MUST BE MAILED AND RECEIVED TO ADDRESS ABOVE, OR PAYMENT ARRANGEMENTS MUST BE MADE, BEFORE APRIL 30, 2017. FAILURE TO MEET DEADLINES MAY MEAN LOSS OF ACCEPTANCE FOR ENROLLMENT. ONLY THOSE PARTICIPANTS WHO HAVE PAID TUITION (or made financial arrangements) WILL BE CAST. You can list siblings on one form – use back side if needed.

STUDENT'S NAME -----AGE-----GR-----

PARENTS' NAME(S) -----

MAILING ADDRESS -----CITY & ZIP-----

PHONE: HOME-----WK-----

FAX-----CELL:-----EMAIL-----

EMERGENCY CONTACT-----phone-----

MEDICAL CONDITIONS/ALLERGIES/OTHER IMPORTANT INFO (use back if needed):

STUDENT'S SIZE (s) (check one and fill out others): YOUTH XS __S__M__L__XL __
ADULT S__M__L__ HEIGHT _____ WEIGHT _____

READ CAREFULLY IMPORTANT INFO BELOW. PARENTS AND STUDENTS PLEASE SIGN.

I understand that the VPAA expects all students to conduct themselves in a safe, courteous and responsible manner. VPAA reserves the right to dismiss, without refund any student whose attitude, attendance or conduct is found to be unsatisfactory.

I also understand that there are certain inherent risks, hazards, and dangers in any student program and that I will not hold VPAA responsible for the safety and welfare of the students, especially while they are not on its premises and/or engaged in its activities, and disclaims any and all liability in that regard. I authorize the VPAA director, faculty, adult representative or host family to give permission for any emergency medical treatment that would be required during my child's participation in the Production Workshop.

Furthermore I authorize VPAA the use of my child's picture or video footage for promotional purposes for the Academy. Agreed and Accepted:

Parent _____ date _____

Student _____ date _____

VPAA WAIVER AND RELEASE AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

In consideration of my being permitted by the Vail Performing Arts Academy, Inc, a Colorado non-profit corporation, ("VPAA") to participate in its programs, I agree to the following waiver and release:

I acknowledge that I may encounter certain inherent risks, hazards and dangers while participating in VPAA programs that cannot be eliminated. These risks include, without limitation:

- (1) risks arising from working with stage props, lighting, electrical circuitry, elevations;
 - (2) risks of being injured by others engaged in VPAA programs;
 - (3) such other risks, hazards and dangers that are inherent in and integral to performing arts and staged programs.
- I understand that participation in VPAA programs may involve certain physical exertion and may require good physical conditioning and a degree of vigilance for which I accept responsibility. I understand that I have responsibilities to myself for my own protection and to others participating in VPAA programs. I am voluntarily participating in VPAA programs with full knowledge of the inherent risks, hazards and dangers involved and hereby assume and accept any and all risks of injury, paralysis, death or psychological injury.

I understand that casting and decision-making as to the roles received to be performed are discretionary and such decisions will be made by the officers, directors, agents or other representatives of VPAA. I understand and accept that such decisions will not be based (unless the role dictates such considerations) upon race, religion, gender, sexual preference or any other improperly discriminatory basis. I understand and accept that such decisions are final and I voluntarily waive and release VPAA and its agents from any liability based thereupon. I am voluntarily participating in VPAA programs with full knowledge that casting decisions are discretionary and are made without my input and hereby assume and accept any and all casting and/or role decisions of the VPAA.

I, for myself, my heirs, successors, executors, subrogees and assigns, knowingly and intentionally waive and release, indemnify and hold harmless, the VPAA, its directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney fees) and ordinary negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury (whether physical or psychological), paralysis, or death, to me or my property as a result of my participation in any VPAA program whether such damage, loss, injury, paralysis or death results from ordinary negligence of the VPAA, its directors, officers, agents, employees and volunteers or from some other cause. I for myself, my heirs, my successors, executors and subrogees, further agree not to sue VPAA as a result of any injury, paralysis or death suffered in connection with my participation in VPAA programs and/or for my failure to be cast in, or perform in, any particular role or any particular production. This release is intended to be a comprehensive release of liability but is not intended to assert defenses which are prohibited by law.

(please initial) _____

I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT

Signature _____ Date _____ Print _____

Name _____ EMAIL _____

Mailing address _____
City, State, Zip _____

Phone number _____ cell _____

If under 18 years of age, parent, guardian, or custodian *must* sign the following Indemnification INDEMNIFICATION

In consideration for the above minor being permitted by VPAA to participate in VPAA programs, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for him/herself and on behalf of said minor, hereby joins in the foregoing waiver and release and hereby stipulates and agrees to same and to hold harmless, indemnify, and forever defend VPAA, its officers, directions, agents, employees and volunteers from and against any claims, actions, demand, expenses, liabilities (including reasonable attorney fees and costs) and ordinary negligence made or brought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of the VPAA. I, for myself, and on behalf of said minor further agree not to sue VPAA as a result of any injury, paralysis or death that said minor suffers in connection with the minor's participation in VPAA programs nor to sue VPAA for said minor's failure to be cast in, or perform in, any particular role or any particular production.

Signature of parent, guardian or custodian _____ Date _____

Print name of minor _____