AUTHORIZATION AND RELEASE AGREEMENT

Camp Participant's Full Name (please print) Age Gr. Level **(upcoming Fall)**

Address

Parent/Guardian (please print)

Home Phone Number Cell Work

The Parent/Guardian agrees to abide by the rules and regulations governing the conduct and operation of instructional sessions, students, and observers, in order to promote efficiency, safety, and recognition of the instruction offered, as prescribed by Vista Teach Instructional Services (VTIS). The Guardian acknowledges that rules and regulations governing VTIS have been adopted, and may be changed from time to time, and the Guardian agrees to abide by all such rules and regulations as adopted or hereafter amended. VTIS staff also reserves the right to send a Participant home if the need arises for medical reasons or failure to behave and act in accordance with VTIS rules and regulations on conduct, or for failure to follow the instructions and directions of VTIS staff or for any acts of conduct deemed by the agents of VTIS to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If participation is terminated, no participation fees will be refunded.

In consideration of the instruction provided, the Guardian and Participant agree that the format, teaching style, methods and materials, including intellectual property are owned and exclusive to VTIS and use of such, without permission of VTIS, is strictly forbidden, protected by copy write laws, and punishable by law. Furthermore, the Guardian understands that their Participant may be included in videotaping or photography during classes and events that may be used in any or all VTIS marketing materials.

Vista Teach Instructional Services, owners, agents, and employees shall not be responsible for damaged, lost, or stolen articles, inside or outside the instructional facility. VTIS reserves the right to amend or add to these rules and conditions and to adopt new rules and conditions as it may deem necessary. *In addition, the Parent/Guardian agrees to the following:*

RELEASE FROM LIABILITY

I, _____, am the parent or legal guardian of _____ ("Participant"). In consideration for Participant's participation in a Vista Teach Instructional Camp/Course ("Program") being held at the Allendale Columbia School, 519 Allens Creek Road, Rochester, NY 14618, I, as Participant's parent or legal guardian, on behalf of Participant, his/ her heirs, executors, and administrators, hereby voluntarily, irrevocably, and unconditionally release and hold harmless Vista Teach Instructional Services, their respective trustees, officers, employees, agents and assigns as well as the Allendale Columbia School, their respective trustees, officers, employees, agents and assigns (hereinafter "Releasees"), from any and all manner of claims, actions or causes of actions, whether related to or arising from the negligence of Releasees or otherwise, arising from or in connection with Participant's participation in the Program, including but not limited to arising from Participant's presence on the premises of 519 Allens Creek Road or the Participant being transported to or from or traveling to or from the premises of 519 Allens Creek Road. This release includes but is not limited to claims of active or passive negligence, products liability, personal injury, death or damage to property or violation of any laws or regulations.

_____ _____

Camp Participant's Name Parent or Guardian's Signature / Date

EMERGENCY CONTACT INFORMATION & MEDICAL AUTHORIZATION

In an emergency I, the Parent/Guardian, can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Vista Teach Instructional Services (VTIS) staff to authorize or refuse necessary emergency treatment for my child ("Participant"). Furthermore, I hereby grant permission to VTIS staff and any medical or surgical consultant deemed advisable and any hospital to render to the above-named Participant any medical and/or surgical treatment that they deem necessary. I understand that all possible efforts will be made to inform me in case of such treatment.

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_____ _____

Parent or Guardian Signature Date

Call 1st:_____ Call 2nd:_____ Call 3rd:_____

Name: _____ Name: _____ Name: _____