

2018 Registration ISF Midsummer Day's Camp

July 9th-27th 1-5 pm

Student's Name(s) _____ Gender _____

Date of Birth(s) _____ Grade for Fall 2018 _____

Parent/Guardian Name _____

Street _____ City _____ State _____ Zip _____

Parent Day Phone () _____ Parent Cell Phone () _____

Parent email _____

Emergency Contact (In Addition to Parent/Guardian) _____

Emergency Contact Phone Number _____

Please indicate if your student(s) has any special or medical needs

T-Shirt Size Adult sizes (please circle) X-Small Small Medium Large X-Large

Registration Fees:

Three Week Jr./High School
(Going into grades 6th-12th)
Monday-Friday
July 9- July 27 1-5pm \$300.00

One Week Elementary Camp
(Going into grades 1st-5th)
July 23rd-27th 1-4pm \$150.00

I would like to request a partial or full scholarship. For questions contact Cristen Monson
cbmonso@ilstu.edu

*****Attention*****

Please make checks out to

**Illinois Shakespeare
Festival**

Withdrawal Policy

- A \$50 non-refundable application fee per session is included in your payment.
- All requests for refunds/withdrawals must be made more than 2 weeks prior to the start of Camp/June 26, 2018.
- A refund will be given if insufficient enrollment causes class cancellation,” “No refunds will be offered in the event of a cancellation,” “Illinois State University’s liability is limited to the registration fees of the program”

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of my minor child/guard being permitted to participate in any way in Illinois Shakespeare Festival camp at Illinois State University, I, for myself, my minor child/guard, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my minor child/guard’s participation in Illinois Shakespeare Festival Camp. Assumption of Risks: Participation in Illinois Shakespeare Festival Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, sprains, cuts/gashes, floor burns, and soreness to 2) major injuries such as pulled muscles, broken bones, dislocated joints, and fractures.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Illinois Shakespeare Festival Camp. I hereby assert that my child/guard’s participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my minor child’s involvement in Illinois Shakespeare Festival Camp. Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Release for Treatment: I, the undersigned, being the parent or legal guardian of the minor child grant permission for my child to receive treatment from a physician, nurse, or other professional medical personnel that may be needed in my absence due to injuries sustained while participating in Illinois Shakespeare Festival Camp.

In the event medical professionals, other persons named as emergency contacts or parents cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of said child. Under no condition will university personnel authorize surgery to be performed upon said child. I will not hold the board of trustees of Illinois State University financially or legally responsible for the emergency care and/or transportation of said child. I also give permission for medical information to be shared on a need-to-know basis with school of theater and dance personnel, so that they are aware of any potential problems due to allergies, seizures, or other conditions due to chronic illnesses, medication, and physical/mental disabilities.

Parent / Guardian Signature

Date: _____

Video and Photography Release (Optional)

By signing this waiver form I agree to allow Illinois Shakespeare Festival to use and reproduce photographs and digital images taken of _____ while enrolled at Camp for the purposes of marketing, internet marketing, public relations, and promotion. I understand that the last name of the individual will NOT be used in anyway.

Parent / Guardian Signature _____

Date: _____

Please mail the completed forms and payment to:

**Illinois State University
Attn: Illinois Shakespeare Festival Camp
Camp Campus Box 5700
Normal, IL 61790**

If you need more information email Cristen Monson at

cbmonso@ilstu.edu