



Student Last	Student First	Middle	Nickname
DOB	Email	Student Cell	Grade level

Parent/Guardian Name	Cell Number	Work Number	Email
Home Address	Place of Work	Work Address	

Authorized Person(s) to Pick up Child	Phone	Relationship

Student Release Authorization: In the event that Homeschool is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above, or currently on file.

Legal Parent/Guardian:

Signature: _____ *Date:* _____

Any Allergies or Special Needs we need to know	
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Primary Insurance	Policy #	Policy Holder
Primary Physician	Phone	Address

Emergency Medical Authorization: I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian:

Signature: _____ *Date:* _____

Please circle the days your child will attend: Mon Tues Wed Thurs Fri
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***The cost will be \$25/day and \$125 per week with a one time sign up fee of \$25 (please note: absent days do not roll over).

All other payments are due the first day of the week your child attends. **NO REFUNDS** will be given for the week paid as we have already planned for your child that week. ***

Legal Parent/Guardian:

Signature: _____ *Date:* _____

Behavior Agreement: I (we) understand that it is a privilege to attend EduCare at DreamWorks Bladen. I further understand that _____ is expected to be respectful of all EduCare, Dream Works Bladen and Bladen Released Time Employee/Volunteers and property. The program has the right to remove any student from the program for disciplinary issues or for being disruptive and noncompliant with our behavior guidelines outlined in the packet.

Legal Parent/Guardian:

Signature: _____ **Date:** _____

COVID-19 Information: I (we) understand that in the event that my child should be diagnosed with COVID-19, the school nurse can contact Educare to inform us with the information. I (we) understand that in the event that a student has to be quarantined due to exposure, the student may return to Educare after 5-7 days without showing symptoms.

Legal Parent/Guardian:

Signature: _____ **Date:** _____





In consideration of the risk of injury while participating in any and all physical activities and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge DreamWorks Bladen and Bladen Released Time Inc. , located at 1001 W Broad St, Elizabethtown, North Carolina 28337, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instructions. The sudden and unforeseen, malfunctioning of any equipment. Our instruction, training, supervision or dietary recommendations. You're slipping and/or falling while in the building or on the premises, including adjacent sidewalks and parking areas. Contact with other participants. The effects of the weather, including high heat and/or humidity; and all other such risks being known and appreciated by me.

I grant permission for DreamWorks Bladen/Bladen County Released Time Inc., and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me or members of my family, for the purposes of publication, promotion, illustration, advertising or trade in any manner or in any medium. I hereby release DreamWorks Bladen/Bladen County Released Time Inc., and its legal representatives for all claims and liability relating to said images or video's.

Furthermore, I give permission for the participant to ride the Bladen County Released Time Bus that will be used to transfer individuals to different locations for said EduCare program, provided through Dream Works Bladen Inc.,

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE DreamWorks Bladen AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST DreamWorks Bladen FOR PERSONAL INJURY OR PROPERTY DAMAGE.

Participant's Name: _____

Guardian Name: _____

[Signature] _____

[Date] _____