

REFUND AND LIABILITY FORMS

Please note there are two pages to this document that needs signing.

Camp spaces are limited. Payment deadline is May 31st, 2011.

Pro-rating is available. See below for Refund Policy*

Please contact Chaia for further information.

Please make check or credit card payment payable to:

Chaia May Education, LLC.

*REFUND POLICY

If you cancel before May 31st we will refund your tuition minus the deposit (50% of tuition). Please allow two weeks for all refund request to be processed. After June 1st, there will be no refunds.

If you cannot make the scheduled camp dates your child is registered, we will do our best to accommodate your child in another session or put the deposit towards a future camp date or music class. (Deposit money goes both towards year round administration costs and to pay our counselors and specialists.)

Please initial that you have read the above statement. _____

RELEASE OF LIABILITY

I, the undersigned parent or guardian of _____ do hereby agree to allow the individual named herein to participate in any of Chaia's Summer Camps. Permission is for all transportation to and from scheduled activities, walking to and from neighborhood activities and physical activities including horseback riding on and off site. I further agree to indemnify and hold Chaia and David Pienknagura harmless from and against any and all liability, resulting in injury which may be suffered by the aforementioned individual arising out of or in any way connected, with his/her participation in this activity. In the absence of insurance coverage, parent accepts responsibility for medical and dental costs.

Signature

Date

ADDITIONAL RELEASE AGREEMENT

In consideration of the acceptance of my application for entry onto the private residence of Chaia May located at 815 La Para Ave, Palo Alto, CA 94306, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me as a result of my or my child's access to this property. This release is intended to discharge Chaia May, her employees, family and volunteers from and against any and all liability arising out of or connected in any way with my entry onto the property located at the above address, even though that liability may arise out of the negligence or carelessness on the part of persons or entity mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on

my heirs and assigns.

I sign of my own free will:

Signature		Date
Print Name	(Parent)	Child's Name

Authorization for medical treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. It is understood that the camp cannot assume responsibility for the payment, adequacy or quality of service rendered by the physician or other health care providers selected in such an emergency.

Parent/Guardian Signature _____

AUTHORIZATION AND CONSENT

I hereby grant Chaia May-Pienknagura, full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy, which may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless Chaia May-Pienknagura from any liability of any nature of description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or in any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

Signature _____
 Print Name _____
 Date _____
 Address _____
 Phone _____ Email _____

Minor Release (under 18 years of age)

If under 18 years old, the parent or legal guardian of the minor must sign below.
I, parent and legal guardian of _____ (child's name) do hereby comment and grant my permission to all the foregoing.

Parent's Signature _____