



DREAMWORKS

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in any and all physical activities and 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 Dream Works 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, economic 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. This includes the sudden and unforeseen malfunctioning of any equipment; our instruction, training, supervision or dietary recommendations; 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 understood.

I grant permission for Foundation Bible Church/Dream Works 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 Dream Works Bladen/Bladen County Released Time Inc., and its legal representatives for all claims and liability relating to said images or videos.

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 Dream Works 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 Dream Works Bladen/Foundation Bible Church/Bladen County Released Time FOR PERSONAL INJURY OR PROPERTY DAMAGE.

Participant's name _____

Signature _____ Date _____

(Parent/Guardian Signature If Under 18)

Signature _____ Date _____



2021-2022

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

Student School	Teacher Email
Student Passwords & Email	Zoom Meeting Times:

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 EduCare 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** _____

Location for Educare will be Dream Works at 1001 West Broad Street or Foundation Church at 909 S. Poplar Street Elizabethtown NC 28337

I am okay with my student possibly having class at Foundation Bible Church, 909 S. Poplar Street, Elizabethtown NC 28337 to help create social distancing if needed.

YES

NO

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 parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorizes to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ **Date** _____

My child will attend day by day

My child will be attending by the week

Please circle the days your child will attend:	Mon	Tues	Wed	Thurs	Fri
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*** Please remember to pay your \$50 deposit when you return the application if you have not already done so, all other payment is due the first day of the week your child attends. Example: If your child is an all week student, payment is due Monday upon their arrival, if day by day the first day they attend of the new week. **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 Dream Works 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 not in compliance with our behavior guidelines outlined in the packet.

Legal Parent/Guardian Signature _____ **Date** _____



Common Area	Be Safe	Be Responsible	Be Respectful
Lunch Area	<ul style="list-style-type: none"> Walk at all times. Eat only your own food. Use chairs and tables 	<ul style="list-style-type: none"> Wait in line patiently. Food and drink must stay in assigned areas 	<ul style="list-style-type: none"> Use good manners. Clean up your area.
Multi-Purpose Room (Physical Education)	<ul style="list-style-type: none"> Sit properly in bleachers/chairs. Use equipment properly. No food, drink, gum. 	<ul style="list-style-type: none"> Show good sportsmanship. Return equipment to designated area. No food, drink or gum. 	<ul style="list-style-type: none"> Be a team player, encourage others.
Locker Rooms	<ul style="list-style-type: none"> No loitering in locker areas. 	<ul style="list-style-type: none"> Do not share lockers. Pick up litter. 	<ul style="list-style-type: none"> Respect property – yours and others’.
Offices	<ul style="list-style-type: none"> Use chairs appropriately. 	<ul style="list-style-type: none"> State your purpose politely. Obtain permission to use phone. No food, drink or gum. 	<ul style="list-style-type: none"> Use kind words and actions. Wait quietly for your appointment.
Bathrooms	<ul style="list-style-type: none"> Keep water in sink. Wash hands. Put used towels in the trash can. No Loitering. 	<ul style="list-style-type: none"> Flush toilets. Inform adults of vandalism. 	<ul style="list-style-type: none"> Give people privacy. Respect property – yours and others’.
Bus	<ul style="list-style-type: none"> Do not block front doors Stay on sidewalk when buses are moving 	<ul style="list-style-type: none"> Wait in line, or in view of your line. Stay Seated when on the bus. Use quiet voices when on the bus 	<ul style="list-style-type: none"> Keep your hands and feet to yourself. Respect property, your and others. Throw all trash away when exiting the bus
Classroom	<ul style="list-style-type: none"> Ask permission to leave assigned areas. Follow directions and safety procedures. Keep walkways clear. 	<ul style="list-style-type: none"> Respect property – yours and others’. Work on assignments. Actively listen to designated speaker. Work quietly while others are working Use appropriate voice and language. 	<ul style="list-style-type: none"> Be prepared and on time. Remove hats/gloves. Stay on task. Clean up after self. No food, drink or gum.

Dream Works EduCare COVID-19 WAIVER

Due to the COVID-19 pandemic, Dream Works Bladen, EduCare has been exploring different and reasonable ways to return to provide the education assistance. EduCare has followed state and local agencies, including our local health department, to draft and implement guidelines moving forward regarding cleaning, screening, social distancing, etc. Though EduCare (Dream Works Bladen, Inc) and its agents will work hard to implement and abide by as many guidelines as feasible and possible, neither the guidelines themselves nor even guidance from the Centers for Disease Control and Prevention (“CDC”) will allow EduCare/Dream Works Bladen Inc., to guarantee an environment that is entirely free of COVID-19 related risks.

By allowing your child to return to campus, you acknowledge and understand that your child’s attendance will require him/her to interact physically with EduCare/Dream Works Bladen Inc., staff members and other students. As such, despite reasonable mitigation efforts on behalf of EduCare/Dream Works Bladen Inc., physical interaction with the public at large may unintentionally pose some unavoidable risks to you, your child, and your family due to the COVID-19 pandemic. With that, you further acknowledge and agree to the following:

1. **Waiver and Release.** You hereby release and forever discharge and hold harmless EduCare/Dream Works Bladen Inc. and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of EduCare/Dream Works Bladen Inc. from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child’s interaction on campus and/or participation in activities associated with EduCare/Dream Works Bladen Inc. You understand that this release discharges EduCare/Dream Works Bladen Inc., from any liability or claim that you may have against the allow EduCare/Dream Works Bladen Inc., with respect to COVID-19.

2. **Assumption of Risk.** You further understand that your child’s return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such, you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release EduCare/Dream Works Bladen Inc. and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of EduCare/Dream Works Bladen Inc. from all liability for injury, illness, or other issue resulting from or in any way related to your child’s return or participation.

BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE-TERMS AND CONDITIONS.

Your Child’s Printed Full Name*

Guardian’s Printed Full Name

Guardian’s Signature

____/____/2020
Date of Signing

Please complete and sign a COVID-19 Waiver for each of your children who will attend EduCare/Dream Works Bladen Inc.