



CREATIVE THEATRE FOR ALL!

RimoVision Summer Acting Camp 2026

Parent/Guardian Agreement, Liability Waiver & Medical Authorization

This Agreement is made between **RimoVision Group**, a California nonprofit public-benefit corporation ("RVG"), and the **Parent/Legal Guardian** ("Parent/Guardian") of the enrolled minor child ("Student").

Submission of registration and/or payment confirms acceptance of all terms below.

1. Program Information & Schedule

The RimoVision Group Summer Acting Camp is a 4-week educational acting program meeting **Tuesday through Thursday, 2 hours per day**, for one selected session.

Session Dates & Times

Group 1 (Morning Session):

- Dates: **June 16 – July 9, 2026**
- Days: Tue–Thu
- Time: **9:00 AM – 11:00 AM**

Group 2 (Afternoon Session):

- Dates: **June 16 – July 9, 2026**
- Days: Tue–Thu
- Time: **12:00 PM – 2:00 PM**

Group 3 (Morning Session):

- Dates: **July 14 – August 6, 2026**
- Days: Tue–Thu
- Time: **9:00 AM – 11:00 AM**

Group 4 (Afternoon Session):

- Dates: **July 14 – August 6, 2026**
- Days: Tue–Thu
- Time: **12:00 PM – 2:00 PM**



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RVG may adjust scheduling only when required due to emergencies, venue limitations, or unforeseen circumstances.

If required, RVG will provide either a refund or an alternate makeup date.

2. Tuition & Payment Policies

A. Full Tuition (\$750 per Child)

Full payment completes registration for the 4-week program.

- Covers all instructional hours and the final showcase.
- **No makeup classes** are available for student absences.
- **Full refunds** are available only if RVG receives written cancellation **14+ calendar days before** the session start date.
- Cancellation requests must be emailed to: **admin@rimovisiongroup.org**.
- Once registered, the student's spot is held and may prevent another child from joining.

B. Down Payment & Payment Plan Policy (Minimum \$250)

The down payment:

- Reserves a temporary spot
- Is **non-refundable**
- Does **not** complete registration
- Applies toward the full tuition amount

Remaining Balance Deadlines (mandatory):

Groups 1 & 2:

- Balance due **Monday, June 1, 2026**

Groups 3 & 4:

- Balance due **Monday, June 29, 2026**

If the balance is not paid by the deadline:

- Registration becomes **voided without refund**
- The reserved spot is immediately released
- RVG is not required to reinstate or hold the reservation



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C. Final Payment Policy (For Families Using the Down Payment Option)

- Only valid when paired with a previous \$250 down payment
- Must be paid by the deadlines above
- Fully refundable only if cancellation occurs **14+ days** before the session start
- No refunds for cancellations made **within 14 days** of the start date
- Failure to pay on time voids the registration without refund

3. Attendance, Pick-Up Policy, & Dismissal

Attendance

Consistency is important for rehearsals, partner work, and ensemble activities.

- No refunds for missed classes
- No makeup classes
- Chronic absenteeism may affect showcase participation

Pickup Policy

- Students **must** be picked up on time at the end of each class.
- Late pickups may result in additional fees.
- **Repeated tardiness in pickup may result in contract termination without refund**, as it disrupts operations and compromises safety procedures.

Student Dismissal

RVG may dismiss a student without refund for:

- Unsafe behavior
- Refusal to follow staff instructions
- Bullying or harassment
- Repeated disruption of learning

4. Code of Conduct

RVG maintains a respectful, inclusive, and safe educational environment.

Students must:



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- Treat peers and staff with respect
 - Communicate kindly
 - Behave in a manner supportive of group learning
 - Follow safety and space-use rules
 - Maintain appropriate language and physical boundaries
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5. Safety, Liability Waiver & Assumption of Risk

Parent/Guardian understands that acting classes involve physical movement, stage blocking, vocal exercises, and ensemble activities.

There are inherent risks including, but not limited to:

- Minor falls
- Vocal strain
- Accidental bumps or contact
- Movement-related injuries

By signing this Agreement, Parent/Guardian voluntarily releases, indemnifies, and holds harmless RimoVision Group, its staff, volunteers, board, and venue partners from any liability for accidental injury or loss, except in cases of gross negligence or intentional misconduct.

6. Medical Authorization & Emergency Treatment Consent

Parent/Guardian authorizes RVG staff to:

- Provide basic first aid
- Contact emergency medical services if needed
- Share relevant child information with medical personnel
- Make immediate decisions to protect the child's health if Parent/Guardian cannot be reached

Parent/Guardian accepts full financial responsibility for medical treatment and transportation costs.



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7. Food Allergy & Snack Policy

RVG **does not provide snacks.**

However:

- Other students may bring snacks containing allergens (nuts, dairy, gluten, etc.).
- RVG cannot guarantee an allergen-free environment.
- Parent/Guardian is responsible for instructing their child **not to share food, snacks, or drinks** with others.
- Severe allergies must be disclosed in writing prior to the start of camp.

RVG will take reasonable precautions but cannot eliminate all allergen risks.

8. Photo, Video & Media Release

Parent/Guardian grants RVG permission to:

- Photograph or film the Student during classes or the final showcase
- Use such media in publications, social media, promotional materials, or grant reporting
- Archive footage for internal educational purposes

If you **decline media consent**, you must notify RVG **in writing before the first day of camp.**

9. Final Showcase

Each session concludes with a short performance.

- RVG determines scripts, roles, and artistic direction
 - Roles are ensemble-based; no specific role is guaranteed
 - The showcase is **free for up to four (4) family members per student**
 - Additional guests may be restricted based on seating capacity and safety rules
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10. Curriculum Reference (Exhibit A)

Parent/Guardian acknowledges receipt of the **RimoVision Summer Acting Camp Curriculum** (attached).

Curriculum includes:



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- Daily activities
- Educational goals
- Acting, voice, movement, imagination, rehearsal, and performance components

RVG may adjust activities based on safety, class needs, or instructor judgment.

11. No Guarantee of Results

The camp is educational. RVG makes no guarantees regarding:

- Future casting
 - Skill advancement speed
 - Professional opportunities
 - Admission to other programs
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12. Agreement & Acceptance of Terms

By signing below, Parent/Guardian affirms that:

- They have read and fully understand all terms
 - They voluntarily accept all policies
 - They agree to all payment, refund, and cancellation rules
 - They accept liability waiver terms
 - They authorize medical treatment
 - They accept that repeated late pickups may result in contract termination
 - They understand media and behavior policies
 - They agree to provide accurate medical and emergency-contact information
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SIGNATURE PAGE

Student Name: _____

Gender: _____



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Session (Group #): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Email: _____

Phone: _____

Emergency Contact (other than Parent): _____

Emergency Contact Phone: _____

MEDICAL INFORMATION & AUTHORIZATION FORM

(To be completed and submitted with registration)

Student Information

- Student Name: _____
- Date of Birth: _____
- Nickname (if any): _____



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Parent/Guardian Information

- Parent/Guardian Name: _____
- Phone Number: _____
- Secondary Phone: _____
- Email: _____

Emergency Contact (Other Than Parent)

- Name: _____
- Relationship to Student: _____
- Phone Number: _____
- _____



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Medical Information

Please check all that apply and provide details:

- ☐ Asthma
- ☐ Allergies (food, environmental, medication)
 - List allergens: _____

 - Describe reactions: _____

 - EpiPen required? ☐ Yes ☐ No
- ☐ Medication(s) the student is currently taking:

- ☐ Medical conditions or physical limitations:

- ☐ Previous injuries RVG should be aware of:

- ☐ Behavioral, developmental, or learning considerations:



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Physician Information

- Primary Doctor Name: _____
 - Phone: _____
 - Insurance Provider: _____
 - Policy Number: _____
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Emergency Medical Authorization

In the event of an accident, illness, or emergency, I hereby authorize RimoVision Group staff to:

- Administer basic first aid
- Call emergency services
- Arrange transportation to a medical facility
- Authorize treatment by medical professionals
- Release my child's medical information to emergency responders

I understand that I am financially responsible for all medical costs incurred.

Parent/Guardian Signature: _____

Date: _____