



2026 Mythology Camp Registration Form

Camper Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Day Phone: _____ Eve Phone: _____ Email: _____

Emergency Contact Name & Phone: _____

Does your child have any medical or physical condition that should warrant our attention? Yes No

If "yes," please explain: _____

PAYMENT INFORMATION

Week One: June 15 - June 19 Circle # of weeks

Week Two: June 22 - June 26 \$325 per week

Week Three: June 29 - July 3

Full Amount _____ or \$200 deposit _____

to reserve a spot(s) in the camp

Form of Payment: Check payable to **Boxtales Theatre Company**

Please charge my: AMEX Visa MasterCard Discover

Card #: _____ Exp: _____ CW: _____ Billing Zip: _____

Please note: If paying by card a 3.5% fee will be charged for each transaction.

WAIVER OF LIABILITY

I, the undersigned, parent or legal guardian of _____, being of lawful age, knowingly and voluntarily state and agree as follows:

In consideration of my child (as named in writing above) being accepted for participation and intending to be legally bound, I do hereby on behalf of my child and for my heirs, executors, administrators, successors and assigns, release, waive and forever discharge BOXTALES Theatre Company, their officers, employees and agents, from any and all claims, actions, damages, costs, judgments or liability whatsoever, which my child now has or which may hereafter accrue to my child on account of or in any way growing out of any and all known, unknown, foreseen, unforeseen, bodily and personal injuries, property damage and the consequences thereof resulting from or to result from my child's participation in the activity as indicated above, during the time period shown.

I understand that signing this waiver releases BOXTALES Theatre Company from any and all claims for personal injuries or property damage that may be incurred as a result of my child participating in the above described activities, except for injuries or damage caused by the reckless or intentional conduct of BOXTALES Theatre Company's employees, officers or agents. I further understand and agree that in signing this document all my or my children's rights under section 1542 of the Civil Code of California are also expressly waived. That section reads: A general release does not extend to claims which creditor does not know or suspect to exist in his or her favor at the time of executing the release, which is known by him or her to have materially affected his or her settlement with the debtor.

I acknowledge that no representation of fact or opinion was made by BOXTALES Theatre Company, its officers, employees or agents to induce this release on my part. I have signed this release freely and voluntarily after having read it completely with full knowledge of all rights or privileges that I may be waiving.

Signature: **X** _____ Parent Guardian **Date:** _____

To reserve a spot in the camp, return the completed form with payment to:
Boxtales Theatre Company, PO Box 91521, Santa Barbara CA 93190 OR info@boxtales.org

www.boxtales.org | (805) 962-1142