



ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND RELEASE

I agree that I am aware that my son/daughter named below will be engaging in physical exercise involving various activities, coordination, balance, and fitness training which could cause injury to him/her. I agree that my son/daughter is voluntarily participating in these activities and I am assuming all risks, loss, damage or injury. I hereby certify that my son/daughter is fully capable of participating in all these activities and that he/she is healthy and all physical or mental disabilities or infirmities that would restrict full participation in these activities have been disclosed. In addition to giving full consent for my child's participation, I do hereby agree to waive any claims and/or rights that I might otherwise have to bring litigation against KIDZ WIN, LLC, its owners, employees, volunteers, and all others associated with this company from all liability for any and all damages and/or injuries that might occur as a result of these activities.

Child's Name: _____ AGE: _____

Address: _____

City: _____ Zip: _____

Email: _____

Parent/Guardian
(printed) _____

Parent/Guardian Signature: _____

Date: _____

CONSENT TO PHOTOGRAPH

Check a box before signing

I give permission for my child I do not give permission for my child

_____ (print child's name) to be photographed or video taped during classes at KIDZ WIN, LLC. I understand that these photographs and/or videos may be used for marketing purposes and displayed on the KIDZ WIN website or facebook page. I understand that my child's name used when his/her photograph/video is displayed.

(Print name of parent)

(Signature of parent)

Date: _____

This acknowledgment of risk, waiver of liability/release and consent to photograph is valid for 1 year from date of signature.