



GENERAL WAIVER OF LIABILITY FORM

K2 Campus After School Care
(Please Use One Form for Each Child)

I, the undersigned and parent/guardian of _____, hereby grant permission for my child to be transported by K2 Academy of Kids Sports and/or its assignees from his/her school to K2 Campus After School Program for the 2016-2017 school year.

Name of School

Phone Number of School

I, the undersigned and parent/guardian of _____, hereby grant permission for my school-age child to ride a bus or walk to or from school or home to K2 Academy of Kids Sports, or to be released to the care of a sibling under 18 years old, if applicable.

My child, _____, has permission to participate in all K2 sponsored activities and excursions. This may include field trips by bus or car and/or class walks to nearby points of interest. (Information about each event will be furnished prior to each trip.)

My child, _____, has my permission to participate in water activities at K2 Academy of Kids Sports. These activities may include, but are not limited to splash days at K2 Academy of Kids Sports (all ages) or trips to a nearby swimming pool (K-7th grade only). (Information about each event will be furnished prior to each activity.)

Release to Skills Class Waiver

I understand that the operation of skills classes (gymnastics, cheer, tumbling, etc.) offered at K2 Academy is not regulated by Child Care Licensing. I give permission for my child _____, to be released from Preschool, After School Care, and/or Summer Camp to participate in a skills class (including skills class as part of my child's daily schedule). At the end of the skills class my child will return to his/her Preschool, After School Care, and/or Summer Camp program.

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**ASSUMPTION OF RISK • WAIVER OF LIABILITY • SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT •
PHOTORELEASE • MEDICAL AUTHORIZATION**

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, and ball sports. Being fully aware of these dangers, I hereby give consent for my child to participate in any and all K2 Academy of Kids Sports programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

IN CONSIDERATION FOR ALLOWING MY CHILD'S PARTICIPATION, I HEREBY, FOR MYSELF AND MY CHILD AND OUR RESPECTIVE HEIRS AND SUCCESSORS, COVENANT NOT TO SUE AND FOREVER RELEASE K2 ACADEMY OF KIDS SPORTS, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS FROM ALL LIABILITY RESULTING IN DAMAGES OR INJURIES INCURRED AS A RESULT OF PARTICIPATION INCLUDING THOSE RESULTING FROM ACTS OF NEGLIGENCE. I understand and acknowledge that it is my responsibility to review and follow the safety guidelines and policies of K2 Academy of Kids Sports. I understand and acknowledge that a statement of K2 Academy of Kids Sports safety guidelines and policies are available from the Front Office or online at www.k2academy.com. As these safety guidelines and policies may be changed from time to time, I further acknowledge my responsibility to review the safety guidelines and policies of K2 Academy of Kids Sports from time to time. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in K2 Academy of Kids Sports publicity or advertising.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold K2 Academy of Kids Sports and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for K2 Academy of Kids Sports. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and SAFETY GUIDELINES AND POLICY ACKNOWLEDGEMENT and PHOTORELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature of Parent/Guardian

Date