

**WHIZ KIDS PLAY ZONE AND TUTORING CENTER INC.
REGISTRATION FORM, RELEASE, AND WAIVER**



Child's First Name: _____ Child's Last Name: _____ Male ___ Female ___
Parent's First Name: _____ Parent's Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____
Emergency Contact: Name: _____ Phone: _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF WHIZ KIDS PLAY ZONE & TUTORING CENTER, INC., ITS EMPLOYEES, AGENTS AND OWNERS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM WHIZ KIDS PLAY ZONE & TUTORING CENTER INC., ITS EMPLOYEES, AGENTS, AND OWNERS IN A LAWSUIT FOR ANY PERSONAL INJURY INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND WHIZ KIDS PLAY ZONE & TUTORING CENTER INC., HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I (we) am (are) the parent(s) or guardian(s) of _____ (Child). My (our) Child is fit for the event, and I (we) consent to my (our) Child's participation. I (We) HAVE READ AND UNDERSTAND THE ABOVE CONTRACT. In consideration of allowing my (our) Child to participate, I (we) consent to the contract and agree that ITS TERMS SHALL LIKEWISE BIND ME (us), MY (our) Child, and (my) our heirs, legal representatives, and assignees. I (we) HERBY RELEASE AND SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE RELEASEES, WHIZ KIDS PLAY ZONE AND TUTORING CENTER, INC. ITS EMPLOYEES, AGENTS, AND OWNERS, FROM EVERY CLAIM AND ANY LIABILITY that I (we) or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to my (our) Child because of my (our) Child's participation in the activities of Whiz Kids Play Zone & Tutoring Center, Inc. I (we) PROMISE NOT TO SUE RELEASEES on my (our) behalf or on behalf of my (our) Child regarding any claim arising from my (our) Child's participation in the activities of Whiz Kids Play Zone & Tutoring Center, Inc.

I (we) agree that this registration form and waiver will remain effective for as long as my (our) child participates in the activities of Whiz Kids Play Zone and Tutoring Center, Inc.

SIGNATURE OF PARENTS:

Print Name: _____
Signature: _____ Date: _____