



Release and Indemnification & Acknowledgement of Risk Agreement

I (we), the undersigned, hereby request permission for myself and/or my (our) child(ren) to be enrolled in activities at kid•netic, to include but not limited to movement, yoga, fitness, venture sports, open play and/or other exercise, lessons in fine arts or activities of therapeutic, rehabilitative or educational nature and to enter the premises known as 2 Changebridge Road, (hereinafter “kid•netic”) to use the equipment, property and participate in activities, including parties, camps, classes, meetings or special events (hereinafter “Activities”).

I (we) herewith agree to abide by the current and applicable rules and regulations for the special event, party, camp, class, and/or open play. If a minor under the age of 18 is registered, I (we) assume responsibility for my (our) child’s behavior and actions and will advise my child of such rules and regulations. During the use of any equipment or property provided by kid•netic or during the participation in any Activities at kid•netic, I (we) understand that certain risks and dangers exist or may occur, including or not limited to breaks, sprains, cuts and bruises. I (we) acknowledge and understand and hereby agree also, on behalf of those listed below, to assume the risks and other related risks in the use of kid•netic’s services, equipment and facilities, and voluntarily assume the risk of injury, accidents, and loss or damage of personal property that may occur from participating in such Activities. I (we) hereby release and agree to indemnify kid•netic from any and all claims in connections herewith.

I (we) have inspected the premises and the equipment and I (we) realize the risks of illness and serious injury, even with catastrophic or fatal results present in the use of such equipment and participation in activities on or about kid•netic’s premises. I (we) also know that unanticipated dangers may arise during such activities and I (we) assume all risks of injury to myself and/or my (our) child(ren).

Because of the inherent danger of the sport, activity or program I am (we are) undertaking, I (we) must be aware of my (our) medical history, my (our) present physical and emotional condition and my (our) physical ability. I am (we are) herewith advised to consult with a physician prior to engaging in such activity or continuing the activity if a medical condition appears or appears to be developing.

I (we) recognize that photographs and video films are occasionally taken during these times and that these pictures often are used for teacher training, professional publication or for marketing purposes. I (we) hereby give my (our) permission to kid•netic for photographs or videotapes to be taken for the purpose of, and use in, publications, promotions, and for other reasons that could expose a recognizable member of my family to the public. I (we) hereby release and agree to indemnify kid•netic from any and all claims in connection with the use of my (our) picture or likeness in any such presentation.

I (we) do hereby waive and release kid•netic, its officers, directors, employees, and agents (herein collectively as “kid•netic”) from and against all claims of any sort of injuries sustained on account of injury to my (our) person or property, and due to negligence or any other fault. I (we) further agree to indemnify and hold harmless kid•netic from and against any and all claims, costs, liabilities, expenses, or judgments, including attorney’s fees and court costs, which I (we) now have or which may arise in the future in connection with my (our) participation in any Activity at kid•netic due to negligence or any other fault.

I (WE) HAVE CAREFULLY READ AND UNDERSTOOD THE FOREGOING RELEASE AND INDEMNIFICATION AND ACKNOWLEDGMENT OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND CONTENTS. I (WE) FURTHER UNDERSTAND THAT IT SHALL REMAIN IN FULL FORCE AND EFFECT FOR ANY CURRENT ENROLLMENT, VISITING, OR MEMBERSHIP PERIOD, AS WELL AS FOR ANY FUTURE ENROLLMENT, VISITING, OR MEMBERSHIP PERIODS. I SIGN THE RELEASE AS MY OWN FREE ACT

PRINT Parent/Guardian name _____ Date _____

Signature _____

Address _____ City _____ State _____ Zip _____

e-mail address _____ Phone # _____

Child(ren) 1. _____ 2. _____
3. _____ 4. _____

2 Changebridge Road East Building, Unit E Montville, NJ 07045

Ph 973-331-9001 FAX 973-331-9002

If you do not want us to send you information on upcoming events, please check the box below:

Do not send me information