



Kids Name _____ **Date of Birth** _____

Parent/Guardian Name _____ **Phone** _____

Participation Waiver:

My child's participation in the robotics classes from **Robotics And Kids LLC** is voluntary. I understand that the selected activities, including classroom, recess, and all other activities, may involve accidental injury and hereby voluntarily assume such risks.

Knowing these risks, I want my child to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release, and discharge **Robotics And Kids LLC**, its officers, employees, activity instructors and assistants, and all officers and employees of the place where said activity will take place, for any and all claims for damages for personal injuries, or claims for damages to property, which my child or my child's heirs, assigns, executors or administrators may have or which may accrue to my child's participation in this activity.

I have read the above and understand important legal rights are being waived.

Photography Authorization:

I consent to **Robotics And Kids LLC's** use of any photographs or video recordings that are taken of my child, while participating in the activity, for use in Robotics And Kids website, brochures and program materials that are distributed both as printed documents and on the internet. No payment will be made for use of these photographs and / or videos. Your child's name will never be used in connection with these images.



Code of Conduct Agreement:

Robotics And Kids is committed to working toward a positive experience for all participants in our programs. Toward this goal, we ask that all participants show respect to the staff, other participants, and class equipment. Rules are discussed at the beginning of the program. If a student displays harmful or destructive behavior (including hitting, using inappropriate language, damaging property, etc...), **Robotics And Kids** reserves the right to discuss the situation with the participant's guardian and to seek a solution to remedy the situation, including possible removal of the participant from the program, without refunding the tuition amount.

Emergency Medical Information:

In the event of an emergency, we will attempt to contact you, as well as call 911, as needed. I hereby authorize the staff of **Robotics And Kids** to act for me according to their best judgment in any emergency requiring medical attention. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment (including transportation via ambulance), regardless of whether or not my medical insurance would cover such charges and fees. I further understand that I am required to maintain and carry medical insurance coverage for the child listed on this application.

Parent Signature _____

Date _____

Parent Name _____