

Agreement to Participate With Assumption of Risk, Waiver and Release of Liability

Parent/Guardian First Name: _____ Last Name: _____

Name of Participating Child: _____ DOB: _____

Gender: M F

Address: _____

City/State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____ How did you hear about us? _____

1. Acknowledgment of Risk

I, the undersigned, understand and acknowledge that participation in the above activity involves inherent risks, including but not limited to personal injury, illness, property damage, or other unforeseen risks. I voluntarily choose to participate, fully aware of these risks.

2. Release of Liability

In consideration for being permitted to participate in this activity, I hereby release, waive, and discharge Little Blessings Academy, its owners, employees, volunteers, and affiliates (collectively, the "Released Parties") from any and all claims, liabilities, damages, or causes of action that may arise from my participation in this activity, whether caused by negligence or otherwise.

3. Assumption of Responsibility

I accept full responsibility for any injury or damage that may occur while participating in the activity. I further agree to indemnify and hold harmless the Released Parties from any claims, including attorney's fees, arising out of my participation.

4. Medical Treatment and Emergency Situations

I authorize the Released Parties to obtain emergency medical treatment on my behalf if necessary. I understand that I am responsible for any medical costs incurred.

5. Governing Law and Severability

This Agreement shall be governed by the laws of (Texas/United States). If any provision is found to be invalid or unenforceable, the remainder of the Agreement shall remain in effect.

6. Acknowledgment and Signature

I have read and fully understand this Liability Waiver and Release Form. I voluntarily sign it, acknowledging its binding effect.

Parent/Guardian Signature: _____ Date: _____