



**PARENT/GUARDIAN
RELEASE AND INDEMNITY AGREEMENT**

Participant's Name: _____

Release of Liability and Indemnification: As a requirement for Whiz Kids Tutoring to accept my child for the activity described below, I waive and release all claims for damages that I may have against Whiz Kids Tutoring and its personnel for all injuries and illnesses of every type, suffered by my child or myself that may happen during this activity.

I understand that there are certain known and foreseeable risks of physical injury and illness associated with these activities. I also understand that there may be other risks of which I may not be presently aware. By signing this Release, I expressly assume all these risks for me and my child, and agree to make any claims that we may have solely against my own insurance company.

I also agree that if my child or any other person should make any claim against Whiz Kids Tutoring for damages resulting from this activity, I will personally indemnify, defend and hold harmless Whiz Kids Tutoring and its personnel, against any losses, costs, fees or damages of every type.

Authorization for Medical Treatment: I understand it may be necessary to have parental/guardian consent for my child in the unlikely event of an injury or condition requiring emergency medical treatment. In such a circumstance I hereby give my permission to take my child to the nearest, available medical facility and have any necessary emergency medical treatment administered.

Furthermore, if I cannot be reached I give my permission to the Whiz Kids Tutoring representatives to act on my behalf in seeking emergency treatment for my child, if it is deemed necessary or advisable for my child's health, safety and welfare by those professionals administering such medical treatment. I specifically release all such medical care providers, Whiz Kids Tutoring and their representatives from any liability in acting in such circumstances.

I have read and understand this Agreement and freely sign below indicating my agreement with these conditions.

ACTIVITY:

Parent's or Guardian's Signature: _____

Date: _____, 200__.