

Kid's-KO-R™ Academy Emergency, Liability, Release Form

EMERGENCY CONTACT:

In case of emergency, Kids KO-R™ will make every effort to contact the parents of the child involved before any treatment is given; however, in the event that we are unable to make contact with you, the parents/guardian, we require this medical release to be signed by all participants. I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY KID'S KO-R™ TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANAESTHESIA, AND/OR SURGERY FOR MY CHILD. It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold the Kid's KO-R™ program, its representatives, the Kids KO-R™ Director, counselors, and staff, harmless, there from.

One form per child

Child's Name: _____ Grade: _____ Room#: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact [in case you cannot be reached]: _____ Phone #: _____

Any known allergies: _____

My child may not engage in the following activities: _____

Physician's Name: _____ Phone#: _____

Medical Insurance name & subscriber info: _____

Parent's signature: _____ Date: _____

RELEASE OF LIABILITY:

I hereby agree to hold harmless: LAUSD, the Kids KO-R™ staff, Directors, administrators, and Members of the Board of Directors from any liability related to any and all Kids KO-R™ activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place. I HAVE READ AND UNDERSTOOD ALL INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED AS NEEDED AND THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES.

Parent's signature: _____ Date: _____

PHOTO RELEASE:

We may photograph your child participating in a special activity. We ask your permission to use your child's likeness in our future promotional materials. Please initial one option:

_____ I AGREE for the Kids KO-R™ program to use any photo/likeness of my child for promotional purposes.

_____ I do NOT AGREE for the Kids KO-R™ program to use any photo/likeness of my child for promotional purposes.