



Amazing Kids Club

Treatment Program

June 3, 2019—August 16, 2019

Welcome to the *Amazing Kids Club 2019 Summer Day Program!*

We are offering our summer therapeutic treatment program for 11 weeks at our specialized autism centers located in Hanover, PA & Red Lion, PA. Our program focuses on a variety of evidenced based therapies and fun activities that promote positive acquisition and generalization of social skills; including behavioral and relationship therapies, as well as art, music, drama, movement, and community outing activities.

The staff of True North Wellness Services will provide a safe, supportive, challenging, and creative atmosphere for your child. We believe that the families, children, and staff all share the responsibility for attendance, preparation, and participation. The Attendance Incentive Program will continue and all families that receive 90% attendance for their assigned schedule will receive the monthly announced reward. We will be offering Extended Care options for families, please see attached information sheet if interest. It is our hope that each child will continue to have a very enriching, happy, and fun-filled experience with us.

Instructions to Enroll

Please complete the required attached forms and return them by Wednesday, May 1st to request your preferred session weeks and days. Completed forms must be turned in at the front desk, during an ISPT meeting, or during an Open Enrollment time. Please do not return the forms in the carline or put these forms in book bags or lunch boxes when returning. All families will receive a confirmation letter in the mail. The following forms are enclosed and required to complete registration.

- **Registration Form**
- **Planning Form**
- **Extended Care Information Form**

Also included are permission slips for two large community outings that must be returned with registration for your child to be included in the trip planning.:

- **Adrenaline Trampoline Park Waiver/Permission forms (collecting from all clients in advance)**
- **Ninja Logic Waiver and Release of Liability (collecting for all clients in advance)**



Hanover: (717) 797-5930

Red Lion (717) 698-3515



We look forward to seeing you here!

The Amazing Kids Club

Family Policies and Procedures Manual 2018

UPDATES

Inclement Weather Policy

In the case of inclement weather, for which Amazing Kids Club decides to cancel sessions; Clients and Families who have chosen email notification, will be notified via email at least 1 hour prior to the closure or you may call your location's main (front desk) voice mail to be notified of the facilities status.

Communication Sources for Families:

Family Communication Envelopes: Are no longer being used as a method of communication

Monthly Family Newsletters are now replaced with weekly e-mail notifications.

Weekly Email: Each family attending AKC who elects to be notified will receive a weekly email which includes the following: links to Activity Calendars, announcements, community events, contact information, flyers for other resources and events in the community and more. It is the families' responsibility to be aware of the schedule, send your child/adolescent prepared for the special event or community outings, and know the dates when the center is closed. Please watch for the email and check our website for activity and schedule calendars at www.truenorthwellness.org/behavioral-health-services/autismservices/

Program Coordinators: Erin Murphy (Hanover 717-797-5930) and Meaghan Hess (Red Lion 717-698-3515) are available to speak to any family that has suggestions, complaints, concerns, and sharing of success stories. Jennifer Seletzky-Davidson, Program Director (717-797-5930) is also available to families in need of assistance. Please do not hesitate to contact us and let us ensure your experience with AKC is a successful one.



AKC Summer 2019 Registration

Client Name: _____ DOB: _____ SS#: _____

Address: _____

Parent/Guardian Name: _____ Relationship: _____

Phone numbers (home): _____ (cell): _____ (work): _____

Email: (if want notifications) _____

Address: (if different from client) _____

Parent/Guardian Name: _____ Relationship: _____

Phone numbers (home): _____ (cell): _____ (work): _____

Email: (if want notifications) _____

Address: (if different from client) _____

Emergency Contact/Pick Up List:

<u>Family Contact Name:</u>	<u>Relationship to Child:</u>	<u>Phone Number:</u>	<u>Pick up list:</u>
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No

Please list names below if there is someone who may **NOT** pick up your child.

Name(s): _____

Special Note: _____

Medications Information:

Due to the busy schedule and amount of clients distribution of medications will be between 11 am to 1 pm ONLY. Emergency medications (Epi Pen, i.e.) will be carried in group safety bag at all times. No medication can be carried by clients and should be only delivered to front desk with completed medication form and requires approval.

Does your child take medication while at AKC? _____ No _____ Yes (If yes, you must complete a Medication Administration Request Form and follow directions.)

Does your child take medicine that puts them at medical risk on an outing from sun, heat, swimming, etc

_____ No _____ Yes, Medication: _____

Side Effects: _____

Please list any allergies your child has: _____

Please list any diet restrictions your child has: _____

Please check if you give permission for distribution or application of the following Non-Prescription Medications Release (As Needed):

Ibuprofen Products (like Advil)	_____ Yes _____ No	Dosage_____
Acetaminophen Products (like Tylenol)	_____ Yes _____ No	Dosage_____
Antihistamine (like Benadryl) Provided by client	_____ Yes _____ No	Dosage_____
Sun Block (spray or lotion)	_____ Yes _____ No	
Bug Repellant	_____ Yes _____ No	

Special Note:_____

Safety Information:

Can your child swim without assistance? _____ Yes _____ No

Does your child require a life vest for swimming outings? _____ Yes _____ No

Does your child require a car seat or booster seat? _____ Yes _____ No

 If yes which does he or she require: _____ Front facing 5 point car seat _____ Booster seat

Does your child have a fear of dogs? _____ Yes _____ No

Allergies to animals? _____ Yes _____ No

Other Medical Information:_____

Community Outings and Special Events are an important part of the AKC Treatment program to promote generalization of social skills learned through group therapy. Vans and buses are used to transport clients on outings. Outings and events are planned to enhance specific groups' therapy and vary by age and group. If your child is not going to attend a certain event or outing please follow the proper call out procedure and give as much notice as possible to assist us to have accurate counts for expenses. Please be aware that clients not attending an event or outing may not attend that session.

My child can attend any outing while at Amazing Kids Club _____ Yes _____ No

Outings/Events that you do not approve your child to attend, if known_____

For detailed information concerning AKC Family Policies and Procedures please review the AKC Family Manual and/or Updates, copy received _____(Initial)_____ (Date)

I understand clients who are not picked up by 3:15pm will be placed in our After Care program and be charged the daily fee for the After Care service. _____(Initial)_____ (Date)

Emergency Medical Authorization:

_____ Yes, I hereby consent to and authorize the TrueNorth Wellness Services Amazing Kids Club staff to obtain emergency medical care, which could include the following procedures: minor first aid, CPR, calling 911, and/or transportation by ambulance to hospital for my child.

X _____
Signature of Parent/Guardian

Date

X _____
Signature of Witness

Date



AKC Summer 2019 Planning Form

Client Name: _____

Date of Birth: _____

Current Group: _____

Please circle client's available/preferred session time & days of the week:

9:00am – 3:00pm

8:15am – 11:15am

12:00pm – 3:00pm

School Age ONLY

Preschool ONLY Mon-Fri

Preschool ONLY Mon-Thur

Monday Tuesday Wednesday Thursday Friday

_____ Please check here if your child's schedule is flexible and may be able to adjust to other days.

Please provide us with the following information:

Home School District: _____ Current School: _____

Last day of school (current school year): _____ First day of school (Fall 2019): _____

Vacations/Other unavailable dates: _____

Circle if interested in the following:

Extended Care (\$ fee for service): Before Care 7:45am-8:45am

After Care 3:15pm-4:15pm

June 2019						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2019						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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Admin. use ONLY

___scanned (R) ___All Client List (PC) ___Master Sched. (SS) ___Ext. Care (AC) ___Trans. Sched. (FL)



Summer Extended Care Services

Starting: June 3, 2019 through August 16, 2019

Serving: School-Age clients enrolled in the summer AKC program

Times Offered: Before-care 7:45am-8:45am, After-care 3:15pm-4:15pm

Our Amazing Kids Club Summer Program, Hanover and Red Lion locations, summer 2019 will offer our families extended care to help support our families' ability to have their child(ren) participate in our Summer Treatment Day Program. Our Extended Care Program will provide clients with enriching opportunities in a fun environment for school-age children before and after their scheduled treatment sessions. Drop off times for clients not utilizing Extended Care will be 8:45 am and Pick up times between 3 - 3:15 pm. The following information explains the Extended Care option and rules:

- This program does not include our preschool or reduced hours therapy groups, and days may be subject to availability. Advance registration is required.
- This is a **self-pay service option** being offered to families of enrolled clients in the AKC summer program.
- This service is not covered by insurance and not a behavioral health treatment program. The monies will be used to specifically offset the costs of staffing and supplies.
- The cost will be a **\$5 per session fee** (i.e. \$5 for Before Care and/or \$5 for After Care).
- Any client still in the center at 3:15pm will be moved to After care and the daily fee of \$5 will be applied regardless if they signed up for the service.
- The **fee must be paid in advance** of the week utilizing the service. Cash and Check payments (No Credit Card payments) will be allowed and agency financial policies will apply for payments (policy will be provided for review and signature).
- Payments must be made at the front office with the receptionist and receipts will be provided. The first week of service payment is due the week prior to starting Extended Care Services. Late payment fees of \$5 per incident will be applied.
- A 10% discount will be applied to those who pay for the entire summer extended care program before the start of services.

No refunds will be given for absences.

- Should late pick-up occur there will be a late pick-up fee of \$5.00 applied, payment due added to your next week's bill.
- Accounts unpaid will result in the service being prohibited until the account is paid in full. Your child can still attend the Summer Treatment Day Program at the regular times, 8:45am-3 pm.
- Financial assistance for this service can be discussed with an administrator; no free services will be permitted.
- If you are interested in participating in this service, please mark interest on your registration planning form and an enrollment packet will be provided to you.
- If you have any questions or need an enrollment packet, please call your AKC location, Hanover 717-797-5930 or Red Lion 717-698-3515.

WAIVER & RELEASE OF LIABILITY AGREEMENT

I, the athlete or volunteer named below, want to participate in the open gyms, classes, and or summer camps listed below. In consideration of Ninja Logic, LLC allowing me to attend and participate in these events by signing below I agree as follows:

- 1. **Definitions:** As used herein: (a) the term “NL” refers to Ninja Logic, LLC; (b) the term “Events” “Open Gyms”, “Classes”, “Summer Camp” refers to the event and activities sponsored, controlled or organized by NL which I attend or in which I participate in; and (C) the term “Released Parties” means NL officers, directors, employees, coaches, agents, and any person NL has agreed to indemnify as to claims made by Event participants (such as, but not limited to, owners or the property on which any of the Events occur).
- 2. **My Knowledge of Risks.** Ninja Obstacle training, parkour, and climbing is an action sport, enjoyed by millions of people worldwide. It offers participants exercise, and an opportunity to develop skills, strength and endurance, and to test one’s abilities. Ninja training attracts participants because of the elements of fun, skill and physical and mental challenges resulting, in part, from the risk and danger involved. The organizers of the Events are endeavoring to provide a safe place for ninja training, but want you to understand that that while some of the unwanted risks of ninja training can be eliminated, the very nature of ninja training makes it impossible to eliminate all of the risks involved – thus injuries can and do result from such risks of participation. The organizers of the Events want you to understand that NINJA TRAINING IS AN ACTIVITY THAT INVOLVES A LEVEL OF DANGER AND THAT INJURIES CAN AND DO OCCUR. I acknowledge that I know that given the nature of the sport, ninja training is an activity that carries with it significant risk of serious personal injury. I know there are natural, man-made, mechanical and environmental conditions and risks that independently or in combination can result in participants in the Events sustaining injury (including permanent disability, mental-injury, or paralysis), or in rare situations, sustaining injuries that result in death. I acknowledge that I have taken advantage of the opportunity to learn about the risks associated with ninja training and the Events, or that I hereby voluntarily forgo the opportunity. I have either familiarized myself with the obstacles at each Event, or hereby voluntarily forgo that opportunity. Before participating in any of the Events I will inspect the difficulty of the obstacles and or course and will not participate if I believe the obstacles and or course are unsafe, or beyond my abilities, and I will inform the director of that decision, and my reasons for that decision.
- 3. **My Acceptance of Risks.** I hereby accept and assume all risks associated with attending and/or participating in the Events, and I acknowledge that I alone am responsible for my personal safety. I agree to accept all responsibility for the risks, conditions and hazards which may exist during the Events, whether or not I at this time know of or foresee the specific risk, condition or hazard that results in injury.
- 4. **Waiver; My Responsibility for Injury Costs.** I hereby WAIVE ALL CLAIMS (except as expressly indicated in this paragraph) I may in the future have against any of the Released Parties relating in any way to personal injuries or death I sustain due to my attendance at or participation in any of the Events. I specifically RELEASE and DISCHARGE, in advance, the Released Parties from any and all liability that may arise out of any Released Party’s NEGLIGENCE or carelessness in association with any Event (including but not limited to negligent rescue attempts, course design, obstacle design) but I do not by this Agreement waive, release or discharge any claims for harm caused by a Released Party intentionally or recklessly. As to any claim released hereby, I AGREE NOT TO SUE any of the Released Parties for such released claims. I agree to be personally responsible for any costs, expenses or damages arising out of or related to such released claims.
- 5. **Bargaining/Negotiation.** I acknowledge that: (a) I have the opportunity, if I so choose, to bargain for or negotiate the terms of this Agreement; (b) if I desire to take advantage of the opportunity to bargain for or negotiate terms different from those set forth in this Agreement (including the fee I pay to participate in the Events), I shall contact the Owner of NL before I indicate my consent to this Agreement; and (c) if I indicate to NL that I am unwilling to enter into this Agreement, the fee I will be asked to pay to participate in the Events shall increase. I further acknowledge that to be effective any changes to the terms of this Agreement (including the fee I pay to participate in the Events) must be approved in a written document signed by the Owner of NL. If I choose to consent to this Agreement without modification, I hereby waive my right to bargain for or negotiate terms different than those stated in this Agreement.
- 6. **My Related Acknowledgements.** I acknowledge and represent that: (a) I have read this Agreement and the related Participation Agreement; (b) I understand this Agreement; (c) I understand that by signing below I am giving up important legal rights that I might otherwise have; and (d) I am entering into this Agreement and choosing to participate in the Events without compulsion, and by my own free will.

THIS IS A WAIVER & RELEASE OF LIABILITY AGREEMENT: PLEASE READ ALL OF THE ABOVE BEFORE YOU SIGN BELOW

Participant Printed Name: _____

Participant Signature: _____ Date: _____

(if the participant is less than 18 years of age as of the date of this Agreement, than a parent or legal guardian must enter into this Agreement by signing where indicated below.)

Parent or Guardian’s Representation, Consent and Waiver Agreement

I, the person signing below, represent and agree that (1) I have the legal right to enter into this Waiver & Release of Liability Agreement on behalf of the minor participant or volunteer named above (the “Participant”), and (2) I hereby on the Participant’s behalf consent to and agree to all of the above terms, Furthermore, to the extent I have in the future and claims relating to the Participant’s attendance at or participation in the Events, I hereby WAIVE, RELEASE and DISCHARGE those claims hereby, including all claims for NEGLIGENCE, except that I do not waive, release or discharge any claims for harm caused by a Released Party intentionally or recklessly.

THIS IS A WAIVER & RELEASE OF LIABILITY AGREEMENT: PLEASE READ ALL OF THE ABOVE BEFORE YOU SIGN BELOW

Parent/Guardian Signature: _____ DATE: _____

Parent/Guardian Name: _____ Relationship: _____

PARTICIPATION AGREEMENT

I, the athlete or volunteer named below, want to participate in the open gyms, classes, and or summer camps listed below. In consideration of Ninja Logic, LLC allowing me to attend and participate in these events by signing below I agree as follows:

- 1. Definitions:** As used herein: (a) the term “NL” refers to Ninja Logic, LLC; (b) the term “Events” “Open Gyms”, “Classes”, “Summer Camp” refers to the event and activities sponsored, controlled or organized by NL which I attend or in which I participate in; and (C) the term “Released Parties” means NL officers, directors, employees, coaches, agents, and any person NL has agreed to indemnify as to claims made by Event participants (such as, but not limited to, owners or the property on which any of the Events occur).
- 2. Fitness.** I represent and warrant that I have sufficient experience with ninja training, and that I have sufficient level of fitness and health to participate in the Events. I confirm I am aware that other groups offer less grueling, challenging and risky activities, than does NL.
- 3. Equipment.** I acknowledge that it is my responsibility to provide, utilize and maintain the clothing necessary for my safe participation in the Events.
- 4. Rules.** I accept and shall abide by NL’s rules and regulations. I agree to participate as to neither endanger myself or others. I agree that if I observe any unusual significant hazard related to an Event, I will remove myself from participation and bring to the attention of NL said hazard immediately.
- 5. Insurance.** I represent and warrant that I currently have, and shall maintain throughout the time that I train for and participate in the events, valid and sufficient insurance (be it medical, accident, disability or life insurance) to protect my and my family’s interest, or if I do not, that I hereby waive the opportunity to obtain such. I acknowledge NL is not an insurance company, and that no one has represented to me that NL has obtained insurance that would provide coverage to me in the event I am injured while participating in an Event. I acknowledge that in the event of an incident that causes significant personal injury while participating in a NL sanctioned event, the extent of my injuries will be shared with NL’s insurance carrier.
- 6. Property Damage Waiver.** I alone am responsible for my personal belongings, including breakage or loss of belongings and other equipment that I bring to an Event. I hereby WAIVE, in advance, ALL CLAIMS for loss, theft or damage to any property owned or controlled by me, that I may in the future have against NL, any person NL has agreed to indemnify, and NL’s officers, directors, employees, coaches and agents (collectively, the “Released Parties”), relating in any way to an Event and either of the following: (a) my choosing to park any vehicle owned or controlled by me in any areas owned or controlled by NL; and (b) my choosing to give possession of any of my personal belongings to any agent or volunteer of NL. This waiver, release and discharge of property damage claims includes, but is not limited to, claims arising out of the NEGLIGENCE of the Released Parties.
- 7. Indemnification.** I agree to be responsible for bearing any and all costs, expenses and damages sustained by me (or those who depend upon me, or who are responsible for me) that arise out of or related to any claim released by the Agreements. As such, I hereby agree to HOLD HARMLESS, DEFEND and INDEMNIFY the Released Parties (that is, defend and pay any judgements or costs, including investigation costs and attorneys’ fees) from any and all claims of mine-and of any spouse, parent, guardian, child, heir, representative or assign of mine-arising from loss or damages (be it property or personal-injury related) due to my attendance at or participation in an Event.
- 8. Choices.** I enter into these agreements by my own free will, and acknowledge that I have choices relating to participating or not participating in the Events. I acknowledge that if I do not want to accept the terms offered in these Agreements, I can choose to forgo participating in the Events, and choose to participate in other events, or forgo completely participating in such events.
- 9. Binding Effect.** I intend these Agreements to be binding upon me, and any spouse, parent, guardian, heir, executor, assigns or successor of mine (collectively, “Successors”). To the extent I have the authority to waive or release any claim that may in the future belong to any Successor arising out of or relating to my participation in or attendance at the Events, I hereby, by these Agreements, waive and release such claims.
- 10. Truth.** I represent and warrant that I have read these Agreements, and understand them, and that the information I provide as part of the registration process for the Events is True.
- 11. Severability.** These Agreements are intended to be as broad and inclusive as permitted by applicable law, and if any portion of these Agreements are held invalid or void, I agree that the balance shall, notwithstanding, continue in full legal force and effect.
- 12. Entire Agreement.** As to any claim arising out of the related to my attendance or participation in the Events, these Agreements collectively: (a) supersede any previous oral or written promises or agreements; and (b) are not the result of or modified by any oral representations or statements of any agent or employee of NL. These Agreements contain the only agreements between the parties regarding the topics covered in these Agreements, and may only be modified or terminated in a writing signed by myself and NL.

PLEASE READ ALL OF THE ABOVE BEFORE YOU SIGN BELOW

Participant Printed Name: _____

Participant Signature: _____ Date: _____

(if the participant is less than 18 years of age as of the date of this Agreement, than a parent or legal guardian must enter into this Agreement by signing where indicated below.)

Parent or Guardian’s Representation, Consent and Waiver Agreement

I, the person signing below, represent and agree that (1) I have the legal right to enter into this Waiver & Release of Liability Agreement on behalf of the minor participant or volunteer named above (the “Participant”), and (2) I hereby on the Participant’s behalf consent to and agree to all of the above terms, Furthermore, to the extent I have in the future and claims relating to the Participant’s attendance at or participation in the Events, I hereby WAIVE, RELEASE and DISCHARGE those claims hereby, including all claims for NEGLIGENCE, except that I do not waive, release or discharge any claims for harm caused by a Released Party intentionally or recklessly.

THIS IS A WAIVER & RELEASE OF LIABILITY AGREEMENT: PLEASE READ ALL OF THE ABOVE BEFORE YOU SIGN BELOW

Parent/Guardian Signature: _____ DATE: _____

Parent/Guardian Name: _____ Relationship: _____

ADRENALINE ENTERTAINMENT CENTER

PARTICIPANT AGREEMENT/WAIVER, RELEASE AND ASSUMPTION OF RISK

Full Name: _____ DOB: _____ Gender: _____

PARTICIPATION IN TRAMPOLINE COURT AND PARK ACTIVITIES ENTAILS KNOWN, ANTICIPATED AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR DAMAGE TO YOUR SELF AND/OR TO OTHERS. RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, SLIPPING AND FALLING, LANDING IMPROPERLY, COLLISIONS WITH FIXED OBJECTS, MOVING OBJECTS AND/OR OTHER PEOPLE WHICH MAY RESULT IN SPRAINS, FRACTURES, BREAKS, SCRAPES, BRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.



I AGREE

By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms

In consideration of the services provided by STRATEFI, LLC, a PENNSYLVANIA limited liability company, who is the owner and operator of ALTITUDE TRAMPOLINE FACILITY (the "Facility") and my desire to spectate and/or participate in the activities and services provided by STRATEFI, LLC at the Facility today and in the future (STRATEFI, LLC and its individual members, managers, directors, officers, agents, employees, volunteers, representatives, servants, predecessors, successors, assigns, affiliated entities, heirs, personal representatives and all other persons, firms, or entities claiming by or through them are hereinafter known as "Facility Owner"):



I AGREE

I, on behalf of myself, my spouse, my child(ren), minor child for whom I am appointed guardian, my parent(s), my heirs, assigns, personal representative and estate hereby:

- (a) agree to use the Facility in a safe and responsible manner;
- (b) agree to abide by the Facility rules and instructions and the directions of Facility employees and representatives, whereby I acknowledge that (i) those rules, instructions and directions are intended to promote the safety of both myself and others; (ii) my failure or refusal to abide by those rules, instructions and directions can lead to the immediate revocation of my right to use the Facility and its facilities, without any right to refund of any payments made; and (iii) in the event of sickness, accident or injury, (a) I will immediately report my injury to the Facility's staff and under no circumstances will I leave the facility without doing so, (b) I will cease all participation in Facility activities at that time of sickness, accident or injury, (c) I authorize the Facility employees and representatives to obtain and secure, on my behalf, emergency medical treatment and transportation, when deemed appropriate by the Facility employees and representatives, and (d) I agree to assume, at my expense, all costs of emergency medical care and transportation;
- (c) agree to fully and forever waive, release and discharge Facility Owner from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, exemplary and punitive), liability or obligations of any nature or kind, whether known at the time I leave the Facility or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with: (a) my activities within the Facility; (b) the activities within the Facility by others; (c) the operation of the Facility by Facility Owner regardless of whether such claims are founded in whole or in part upon alleged negligence, or the actual negligence of Facility Owner; (d) my use of any and all of the facilities; and (e) my use of any and all equipment within the Facility, whether owned by me, Facility Owner or a third party;
- (d) agree to indemnify and hold Facility Owner harmless from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments directly or indirectly arising out of, or relating to my acts or omissions while participating in any activities at the Facility;
- (e) agree to accept and assume all of the risks which accompany the Facility's activities and represent that my participation in the activities is purely voluntary and I elect to participate in the activities notwithstanding the risks;
- (f) fully understand that participating in the activities within the Facility involves physical exertion; and accordingly represent that I (i) am in sufficient good health to participate in activities within the Facility; (ii) I do not have any pre-existing physical or medical condition, including without limitation pregnancy, orthopedic problems, including back problems; heart problems; and/or breathing problems, that might be impacted or worsened by my use of the Facility; and (iii) will not use the Facility and its facilities while under the use of any drugs, alcohol or medications that may impair my physical abilities or judgment;
- (g) agree to (i) watch the Facility's safety video before participating in any activity, (ii) attempt only activities that I feel I am capable of performing safely, and (iii) stay in areas that will not place me in danger,

Full Name: _____ DOB: _____

(h) certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the activities within the Facility, or if not, I agree to bear the costs of such injury or damage to myself and others; and,

(i) Authorize Facility Owner, and its successors to capture my image, likeness and sounds in photographs, videotapes, recordings or other forms of media ("Images"). I acknowledge that Facility Owner will own such Images and I grant permission, without compensation, for Facility Owner, or any affiliated party of the Adrenaline Entertainment Center brand, to copyright, display, publish, distribute, use, modify and print such Images in any lawful manner, including without limitation, in publications, advertisements, brochures, web sites, social media and other electronic displays and transmissions thereof. The foregoing authorization shall not include using my name with any Image, unless I agree otherwise in writing.

The Amazing Kids Club WILL NOT be authorizing any photos to be taken by the Facility Owner (s) for their use.

Parent or Guardian Initials: _____

By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms **I agree that any legal proceeding shall be filed solely in the County of YORK and I further agree that the substantive law of PENNSYLVANIA shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.**

I AGREE

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Facility Owner on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I AGREE

I understand and agree that: (i) that this Waiver, Release and Assumption of Risk gives up important legal rights; (ii) I am giving up these important legal rights voluntarily, freely, under no threat of duress, without inducement, promise or guarantee being communicated to me; and (iii) the signature below is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

PARTICIPANT: I represent that I am Eighteen (18) years of age or older

Participant signature: _____

If the Participant is not 18 years of age or older, then the following Parent or Guardian Consent must be read and signed before the Participant is allowed to use the Park and its facilities.

PARENT OR GUARDIAN CONSENT

I have read and understand the terms of this WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT and unconditionally agree to its full terms, statements, warranties, notices, representations, waivers and releases on behalf of both myself and marital community, if any, and my child or ward, whose name is

\All such terms, statements, warranties, notices, representations, waivers and releases fully apply to my child or ward as if I was the participant. I understand that, by signing this Consent, I am giving up important legal rights both on behalf of myself and my child or ward regarding potential rights and claims against Park Owner. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby warrant and represent that if I am neither the Child's Parent nor legal Guardian, I have been granted the expressed authority to execute this Waiver, Release and Assumption of Risk Agreement by, and on behalf of, the Child's Parent or Guardian. In the event that I do not have the authority to execute this agreement on behalf of another, I agree that I shall be solely liable for any and all claims, actions, and penalties, causes of action, services, fees or similar expense.

I agree to the terms of the above agreement (check box)

Parent or Guardian signature: _____