

ASSUMPTION OF RISK, WAIVER, AND RELEASE FORM LIABILITY

In exchange for using and participating at Chikki Plaza Summer Spanish days Program, I agree for the members of my family, to the following conditions:

Risk Factors: I understand and acknowledge that the use of the facilities at Chikki Plaza involves risks including, but no limited to, bodily injury, permanent disability, paralysis, and death. These risks may result from a variety of circumstances including the misuse of equipment or facility.

Refunds & class Cancellation: A full refund will be issued if a session is cancelled due to low enrollment. **No refunds once the session begins. No make-up classes.**

You have four weeks to make any date changes sorry no refund.

Medical Permission: I hereby give Chikki Plaza permission to administer basic First aid and CPR, and enlist the aid of Emergency Medical Technicians (EMTs/Ambulance) who may transport my child(ren) to a Hospital to receive treatment deemed necessary by the medical staff.

Arrival: Chikki Plaza is not responsible for Children prior to arrival or after departure from the Chikki Summer Spanish Days.

Departure: I understand I will notify Chikki Plaza staff of any changes related to my child(ren)'s release. I understand Chikki Plaza will not release my child(ren) to another person without my consent. (written) There will be a fee for late pick up.

I _____ the parent or legal guardian of the named minor(s)_____. I have read and understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability. I give my consent for Participation at Chikki Plaza Summer Spanish Days for my child(ren)

Signature