

Safety America & Ninja-Kid Warrior Parents Night Out

1st Child Name: _____ **Age:** _____ **DOB:** _____

2nd Child Name: _____ **Age:** _____ **DOB:** _____

3rd Child Name: _____ **Age:** _____ **DOB:** _____

Parent 1 Name: _____ **Relationship:** _____

Phone Number: _____ **Provider :** _____
Cell Phone Provider (To receive texts alerts regarding your child)

Parent 2 Name: _____ **Relationship:** _____

Phone Number: _____ **Provider :** _____
Cell Phone Provider (To receive texts alerts regarding your child)

Email: _____

Pick-up info (if different than above) **Name:** _____ **Cell:** _____

Relationship: _____

How did you find out about us? _____

Are you a current member? Yes or No if so, what class are you enrolled in? _____

Please list any physical conditions/chronic injuries, medical problems, and any restrictions.

Please read and initial that you understand and agree with our camp policies listed below:

- _____ 1. PNO fees must be paid in full by the time of drop-off & parent must check child in/out.
- _____ 2. There are NO REFUNDS for missed camp days and NO MAKE-UPS.
- _____ 3. Late fees will apply if my child is not picked up by 10:00 pm sharp.
- _____ 4. My child must bring a drink & wear socks and tennis shoes.
- _____ 5. Only people listed in this form are allowed to drop-off/pick-up my child.
- _____ 6. No cell phones or electronics will be allowed during PNO hours 6pm-10pm.
- _____ 7. SA/NKW is not responsible for any lost items at camp.
- _____ 8. If my child does not follow PNO rules, they may be suspended.
- _____ 9. I agree that SA/NKW can take photos of my child for promotional purposes.

Office Use Only:					
	Child's Name	Date:	Pmt Amount	Pmt Method	Notes
1					
2					
3					
4					

Safety America, Inc.

Ninja Summer Camp Program

WAIVER OF CLAIMS AND RELEASE OF LIABILITY

In consideration of being permitted to participate in facility activities, including rock climbing, zip-line, ninja warrior course, double warped wall, moonwalk, rope-swing, trampoline, karate, gymnastics balance beam and other activities conducted by Safety America, Inc. or Nai Properties, Inc., hereafter cumulatively referred to as "School", and in recognition that the practice of said activities is an inherently **DANGEROUS SPORT**, Member/Participant and his/her personal representatives, assigns, heirs and next of kin covenants not to sue, waives, discharges and releases and shall hold harmless School, it's owners, instructors and employees, from all liability to the Member/Participant, his/her personal representatives, assigns, heirs and next of kin for all losses, damage, and any claim or damage therefor, on account of injury to the person or property or resulting in death of Member/Participant, **WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR STRICT LIABILITY OF SCHOOL, IT'S EMPLOYEES OR INSTRUCTORS OR OTHERWISE, WHILE MEMBER/PARTICIPANT IS INVOLVED IN THE ACTIVITIES PREVIOUSLY STATED.**

Member/Participant further releases School, its owners, instructors and employees from any claim of liability resulting from administering first aid, and treatment or service rendered Member/Participant during his/her participation of School activities. Member/Participant hereby gives permission for trained medical professionals to administer medical treatment to my child should sickness or accidents occur in my absence.

The Member/Participant, and/or Legal Guardian thereof, hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating in any class, during training at, or performing for School.

Member/Participant and/or Guardian thereof, represents and agrees that Member/Participant is in good physical condition and that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise or classroom activities.

This acknowledgment of risk and waiver, having been read thoroughly and understood completely as to its content and intent, is signed voluntarily.

Member/Participant Name: (Print) _____ Age: _____

Parent or Legal Guardian's Signature

Date