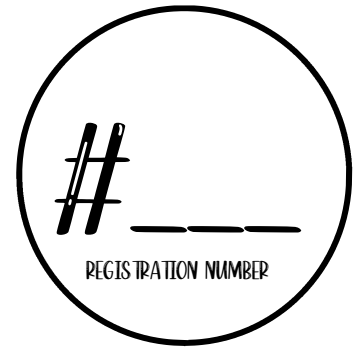




REGISTRATION

SUMMER CAMP 2026



Camper Information

Camper #1: _____ Rising Grade: _____ Age: _____

Camper #2: _____ Rising Grade: _____ Age: _____

Camper #3: _____ Rising Grade: _____ Age: _____

Parent Contact



Parent #1 Name: _____ Cell #: _____ Work #: _____

Relationship to child: _____

Best method of contact during the day.: _____

Parent #2 Name: _____ Cell #: _____ Work #: _____

Relationship to child: _____

Best method of contact during the day.: _____

Allergies / Medications / Other Needs:



Child #1: _____

Child #2: _____

Child #3: _____

TF & KIP STAFF

Kids Indoor Playground Rep: _____

Date: _____

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNIFICATION,
AND ARBITRATION AGREEMENT**

Notice - By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Indemnification Agreement

In consideration of being allowed to use the facilities and participate in programs and events ("Programs") at Triangle Fitness and Kids Indoor Playground (Michael Jones Inc.), the Participant, and the Participant's parent (s) or legal guardian (s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1. **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant's participation in the Programs or the use of any equipment provided by the Host ("Equipment"). The Participant and his/her Parents or legal guardian (s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct;
2. **TO ASSUME ALL RISKS** of participation in the Programs and using the Equipment, even those caused by the negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and officers. The Participant and his/her Parents or legal guardian (s) understand that there are inherent risks of participating in the Programs and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
3. **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Programs and use of the Equipment, including while receiving instruction and/or training; and
4. **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, illnesses including COVID-19, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in Programs and use of the Equipment.

Arbitration

The Participant, and the Participant's parent (s) or legal guardian (s), if Participant is a minor, hereby agrees to submit any dispute arising from participation in the Programs to binding arbitration. Submission shall be unlimited. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitration (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. The neutral arbitrator shall be an officer or director of any entity that operates a fitness business offering training and a child playground in the United States. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for North Carolina, utilizing the selection criteria for the neutral as set forth above. Each party shall pay its own costs, including the cost associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the county and state in which the Programs occurred and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law.

Photography/Videography Release

Participant hereby grants to the Host, its representatives, and employees the right to take photographs and video of Participant in connection with Participant's participation in the Programs. Participant hereby authorizes the Host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the Host may use such photography and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

Personal Responsibility

The Participant certifies that he/she has no physical or mental condition that precludes him/her from participation in the Programs and that he/she is not participating against medical advice.

The Participant understands that his/her participation in the Programs is voluntary and further understands that he/she has the opportunity to inspect the Host's equipment and location before any participation.

The Participant understands that he/she is obligated to follow the rules of the Programs and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings.

If, while participation in the Programs, the Participant observes any unusual hazard, which he/she believes jeopardizes his/her personal safety or that of other, he/she will remove himself/herself from participation in the Programs and immediately bring said hazard to the attention of the Host.

I, _____ (parent/legal guardian), give my consent for _____,

_____ to participate in programs at Kids Indoor Playground at Triangle Fitness and hereby agree that I will explain to my child that the risk of injury while participation in the Programs can be reduced by following the rules and through the use of common sense and good judgment.

To the extent that any portion of the Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

**** If pick up of your child is 5 minutes late you will be charged a \$10 late fee.***

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Legal Guardian Signature: _____

Date: _____

Kids Indoor Playground Rep: _____

Date: _____

2026 CAMP CALENDAR

May

	M	T	W	T	F
Week #1	X	25**	26**	27**	28**
	**WSFCS snow days				

June

	M	T	W	T	F
Week #2	1	2	3	4	5
Week #3	8	9	10	11	12
Week #4	15	16	17	18	19
Week #5	29	30	JULY 1	JULY 2	JULY 3

July

	M	T	W	T	F
Week #6	6	7	8	9	10
Week #7	13	14	15	16	17
Week #8	20	21	22	23	24
Week #9	27	28	29	30	31

August

	M	T	W	T	F
Week #10	3	4	5	6	7
	Back to School!				

PAYMENT SCHEDULE & POLICY

- All registered parents will receive weekly texts to confirm attendance for the following week.
(Example: We will text you during Week #1 to see if you will be at camp Week #2.)
- Payments are due by 5pm the Friday before the week your child is attending.
Late payments will be subject to a fee.

WE MUST HAVE COMMUNICATION/ CONFIRMATION OF ATTENDANCE VIA TEXT OR VOICEMAIL TO OUR SUMMER CAMP MOBILE NUMBER

(336)-479-4038

BEFORE RUNNING ANY PAYMENTS

**I _____ ACKNOWLEDGE THAT
I AM RESPONSIBLE FOR
COMMUNICATING WHAT DAYS MY
CHILD NEEDS TO ATTEND CAMP VIA
TEXT OR VOICEMAIL TO THE SUMMER
CAMP MOBILE NUMBER.**

**I _____ UNDERSTAND THAT
FAILURE TO DO SO BY 5PM ON FRIDAYS
WILL INCURE A \$20 LATE FEE**

Signature: _____ Date: _____

Triangle Rep: _____ Date: _____

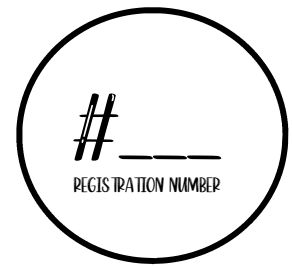
Prepaid Specials

- Prepay for 9 weeks of camp and get 1 week free.

I understand that I will not be refunded or credited any weeks that I prepay.

Signature: _____ Date: _____

CAMPERS: _____



PICK UP LIST	
First name: _____	Last Name: _____ Phone: _____
Relationship to child: _____	
First name: _____	Last Name: _____ Phone: _____
Relationship to child: _____	
First name: _____	Last Name: _____ Phone: _____
Relationship to child: _____	
First name: _____	Last Name: _____ Phone: _____
Relationship to child: _____	
First name: _____	Last Name: _____ Phone: _____
Relationship to child: _____	
First name: _____	Last Name: _____ Phone: _____
Relationship to child: _____	

I authorize for the list above to be allowed to pick up my children from camp.
 I am responsible for notifying Kids Indoor Playground of any changes to this list.

Parent/ Legal Guardian Signature: _____ **Date:** _____

CAMPERS: _____



SUMMER CAMP 2026 PAYMENT INFORMATION

Payment Method #1 (Main Payment Information)

I, _____, authorize my bank to make payment by the methods below and post it on my account. I am also authorizing Kids Indoor Playground at Triangle Fitness to charge the card below.

Card Type: _____

Account # _____ Exp Date: _____

Bank Name: _____ Driver License # _____ CCV # _____

I the buyer understands that I am in full control of my payment and if at any time I discontinue my automatic payment, I will do so by simply notifying Kids Indoor Playground /Triangle Fitness (Michael Jones Inc.) in writing a minimum of 10 days prior to my regular payment date. **(Friday before each scheduled week.)** I also understand that I am personally guaranteeing any billing charges that Kids Indoor Playground /Triangle Fitness (Michael Jones Inc.) may be due prior to 10-day written notice and that Triangle Fitness (Michael Jones Inc.) has right to collect payment in full.

****Also, If I do not notify Kids Indoor Playground /Triangle Fitness (Michael Jones Inc.) of changes in billing methods (exp dates, account number changes etc.) with 10 days written notice I will be assessed a \$20 charge for resubmits in billing.**

Signature: _____

Date: _____

Kids Indoor Playground Rep: _____

Date: _____

PAYMENT METHOD #2

I, _____, authorize my bank to make payment by the methods below and post it on my account. I am also authorizing Kids Indoor Playground at Triangle Fitness to charge the card below.

Card Type: _____

Account # _____ Exp Date: _____

Bank Name: _____ Driver License # _____ CCV # _____

I the buyer understands that I am in full control of my payment and if at any time I discontinue my automatic payment, I will do so by simply notifying Kids Indoor Playground /Triangle Fitness (Michael Jones Inc.) in writing a minimum of 10 days prior to my regular payment date. **(Friday before each scheduled week.)** I also understand that I am personally guaranteeing any billing charges that Kids Indoor Playground /Triangle Fitness (Michael Jones Inc.) may be due prior to 10-day written notice and that Triangle Fitness (Michael Jones Inc.) has right to collect payment in full.

****Also, If I do not notify Kids Indoor Playground /Triangle Fitness (Michael Jones Inc.) of changes in billing methods (exp dates, account number changes etc.) with 10 days written notice I will be assessed a \$20 charge for resubmits in billing.**

Signature: _____

Date: _____

Kids Indoor Playground Rep: _____

Date: _____