

# Kids Empowerment Enrichment Program & K.E.E.P. After School Program LLC

## Release of Liability Waiver

### Participant Information:

- Child's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### Emergency Contact Information:

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Acknowledgment of Risk and Release of Liability:** I, the undersigned, understand and acknowledge that participation in the Kids Empowerment Enrichment Program (K.E.E.P.) involves physical activities, which may include but are not limited to martial arts, physical fitness exercises, nature exploration, and movement activities. I am aware that these activities can be hazardous and involve risks of injury, which may be serious or fatal.

I hereby certify that my child is in good health and has no physical condition that would prevent safe participation in the program's activities. I agree to inform the program staff of any health issues or concerns that may affect my child's ability to participate.

In consideration of my child's participation in the K.E.E.P. program, I, on behalf of myself, my child, and our respective heirs, administrators, and successors, do hereby waive, release, and discharge the K.E.E.P. program, its instructors, employees, volunteers, and agents from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or to any property belonging to me or my child while participating in the program or while on the premises where the program is conducted.

I further agree to indemnify and hold harmless the K.E.E.P. program and its representatives from any and all claims, demands, and causes of action, including attorney's fees, arising from my child's participation in the program.

**Medical Treatment Authorization:** In the event of a medical emergency, I authorize the K.E.E.P. program staff to seek medical treatment for my child, including transportation to a medical facility. I understand that I will be responsible for any medical expenses incurred.

**Photography/Video Release:** I grant permission for photographs and/or videos of my child participating in K.E.E.P. activities to be used for promotional purposes, including but not limited to the program's website, social media, and printed materials.

**Signature:** By signing below, I acknowledge that I have read, understood, and agree to the terms of this release of liability waiver.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

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## Kids Empowerment Enrichment Program (K.E.E.P.)

### Parent Contact Information Form

#### Participant Information:

- Child's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

#### Parent/Guardian Information:

- Parent/Guardian Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Alternate Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

#### Emergency Contact Information:

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Alternate Phone Number: \_\_\_\_\_

#### Medical Information:

- Allergies (please list): \_\_\_\_\_
- Medications (please list): \_\_\_\_\_

- Medical Conditions/Concerns: \_\_\_\_\_

**Authorized Pickup Persons:** Please list any individuals other than the parent/guardian who are authorized to pick up your child from the K.E.E.P. program.

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Information:** Please provide any additional information that you think is important for us to know about your child (e.g., special needs, behavioral concerns, etc.):

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**Signature:** By signing below, I certify that the information provided on this form is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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