

OGC DASH AFTER SCHOOL PROGRAM REGISTRATION



Please Print Clearly & Legibly

Student Name _____ Student Date of Birth _____

Weight: _____ lbs. Height: _____ ft. _____ in. Age _____ Sex: M / F

Grade _____ Parent or Guardian Phone _____

Full Address _____

Parent or Guardian Email _____

Does your child have any physical or mental limitations? _____

Does your child have any allergies? _____

Do you or anyone in your household receive TANF or Medicaid Benefits from Clark County Jobs & Family Services? _____

Will your child need to ride a bus from their school to Park Layne Elementary School? _____

In Case of an Emergency, please provide the following information.

Preferred Hospital _____ Physician' Name _____

Physician's Phone Number _____

Please check all the following sports or activities below that your child would like to participate in after school

_____ Archery (Must be 8 Years and older)

_____ Arts & Crafts

_____ Tae RYU Do Martial Arts

_____ Board Games

_____ Boxing

_____ Cooking & Nutrition

_____ Yoga

_____ Drama 101

Ohio Game Changers is a program of Jobseekers Network that utilizes faith-based principals with all participants. We will pray with participants and use Biblical scripture to reference the curriculum used to provide training and mentoring. The OGC DASH AFTER SCHOOL programs utilizes trained, certified, and background checked instructors. The equipment and participant training materials are purchased through Centershot Ministries. Family & Youth Initiatives will provide mentors that will help guide youth participants to become the best version of themselves. Our collaboration is designed to use sports and additional activities to help child learn who they are, where they are going, and how they will get there.

By signing below, you agree that you have read this disclaimer and agree to allow your child to participate in prayer, Biblical devotion, mentoring sessions provided by Family & Youth Initiatives, and the sports or activity programs.

Signature _____ (Parent/Guardian's Name) Date _____

In consideration for being allowed to participate in the OGC DASH AFTER SCHOOL PROGRAM for the Ohio Game Changers Organization, Jobseekers Network, LLC, , I hereby release, waive, discharge and covenant not to sue the Ohio Game Changers Organization, Jobseekers Network, LLC, Family & Youth Initiatives Organization, Centershot Ministries Organization, Victory New Church Organization, Lawrenceville Church of God Organization, First United Methodist Church (New Carlisle) Organization, Tecumseh Local Schools, Clark County Jobs & Family Services, Tae Ryu Do International, New Carlisle Library, their employees, officers, board members, coaches, instructors, mentors, volunteers, and agents, (collectively "Organization") from any and all liability claims, demands, actions, and causes of actions. This includes claims of the Organization's negligence, resulting in physical injury, illness (including COVID-19 and or death), or economic loss that I may suffer, or which may result from my participation in the program, travel to and from any and all activities associated with the Organization, and any events incidental to the Organization.

I further agree to indemnify and hold harmless the Jobseekers Network Organization, Ohio Game Changers Organization, Family & Youth Initiatives Organization, Centershot Ministries Organization, Victory New Church Organization, Lawrenceville Church of God Organization, First United Methodist Church (New Carlisle) Organization, Tecumseh Local Schools, Clark County Jobs & Family Services, Tae Ryu Do International, from any loss, damage, liability, or costs, including court costs and attorneys' fees that the Organization(s) may incur as a result of participation in this activity, whether caused by negligence or otherwise. I acknowledge that like other sports and activities, fastpitch softball, archery, martial arts, cooking, arts, and drama, boxing, Zumba, and yoga has a certain amount of inherent danger and risk involved. I hereby assume all of the risks of participating in any and all activities associated with the Organizations. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, whether caused by the negligence of the Organization or otherwise.

Parent Waiver and Release of Liability Agreement Centershot Ministries Tournament and Related Centershot Programs

In consideration and exchange for the opportunity of my child being allowed to participate in a Centershot Ministries ("CENTERSHOT") Tournament and the CENTERSHOT, I agree as follows:

1. I am the Legal Guardian of _____ who has qualified for and is being allowed to participate in a CENTERSHOT Tournament and CENTERSHOT.
2. On behalf of my spouse, minor child, our heirs, executors, administrators and assigns, hereby waive, release and forever discharge the CENTERSHOT, its officers, directors, employees, volunteers and sponsors from legal liability any and all actions, suits, damages, claims or judgments for damages or expenses that may result from any personal injury, loss of property or property damage, or any other claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, regardless of fault, arising from or by reason of my child being allowed to participate and compete in a CENTERSHOT Tournament and CENTERSHOT;
3. In consenting or releasing for my minor child, I (we) do further hereby agree to protect CENTERSHOT, its officers, directors, employees, volunteers, and sponsors, against any actions, claims or demands by said minor child or by any other person or persons on account of damages of any character resulting in any way from said minor child's participation and competing in a CENTERSHOT Tournament and CENTERSHOT. We also hereby agree to reimburse and make good to CENTERSHOT any loss, damage or costs it may have to pay as a result of any such action, claim or demand.
4. Should it be required during the tournament; I acknowledge that I authorize medical treatment of my child by a qualified medical professional.
5. I acknowledge I have been advised and made aware that there will be photographers and videographers at the event taking photos of participants during competition, and that I consent to allow CENTERSHOT to take pictures of my child and to use any photos, videos, or likenesses of my child in future events or promotional efforts without compensation.
6. I, the undersigned, further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad as inclusive as is permitted by law, and that if any portion of it is held invalid by the appropriate court of competent jurisdiction, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. I, the releasor, have read and voluntarily sign this release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.
8. I, the releasor, further state that I am of lawful age, am legally competent, and have full legal authority to sign this affirmation and release on behalf of my minor child; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.
9. I, the releasor, have fully informed myself of the contents of this affirmation, waiver, and release by reading it before signing it with full knowledge of its significance, intending to be legally bound thereby; and
10. I, the releasor, agree that should any lawsuit or other action, regardless of the nature of the claim arise under this agreement, it shall be brought in a court of competent jurisdiction within the Sheboygan, WI and tried without a jury. All parties to this agreement hereby submit to the jurisdiction of such courts.

By signing below, I acknowledge that as the parent/guardian of the minor participant, I am voluntarily signing as my own free act and have received, read, and fully understand and agree to all terms and conditions of this waiver.

Tae Ryu Do International Release of Responsibility

I, the person identified below, do hereby make application for membership and training in those arts sponsored by Tae Ryu Do International.

All statements cited prior are true and correct to the best of my knowledge. Upon acceptance, I pledge to obey all rules and regulations of Tae Ryu Do International which have been designed for the purpose of discipline and protection regarding myself and other students. I fully realize that a degree of risk is involved in the practice of any Martial Arts program as in the one I now wish to participate in.

I hereby fully and unquestionably release Stephen McCall, Tae Ryu Do International, and, its subsidiaries, instructors, agents of, the center, directors, employees, affiliates, representatives and or the members and authorized guests from any and all claims for any and all injuries, accidents, or losses, (including, without limitation, reasonable attorney's fees) arising out of or relating to any acts of omission of the Instructors, that I receive while practicing the Martial Arts sponsored by this organization or separate activity having membership herein.

I hereby release all rights of my image, likeness, photo, and video rights which may be used in any medium, including print and electronic format, for publicity, promotion and/or media release, without any form of compensation to Tae Ryu do International and its affiliates.

I agree that if I should decide to withdrawal from this Martial Arts program, I will not teach any portion of the Licensed Martial Arts program without written permission of Stephen McCall Program Director/CEO, and Tae Ryu Do International. I also understand that I can lose any and all rank associated with this program if I cause or participate in anything that can or does bring shame upon this program, furthermore I will not disclose anything pertaining to this art or business to anyone outside Tae Ryu Do International for any reason.

Before beginning any new exercise program, Please be sure to check with your physician.

SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN: _____ DATE: _____
(IF UNDER 18 YEARS OLD)

WITNESS: _____ DATE: _____