

Dojo Parent's Night Out – Liability Waiver

Participant's Name: _____ Birthday: _____

Participant's Name: _____ Birthday: _____

Participant's Name: _____ Birthday: _____

Please read the following carefully, and sign at the bottom.

1. **WAIVER & RELEASE: Physical Injury:** I understand that participants are engaging in physical activity and exercise which can be dangerous and could cause injury, and I assume all risk of injuries to my child, and hereby waive and release any claim or right to sue The Dojo, its employees, or agents for injury. I understand I should consult my child's physician before undertaking any physical activity/exercise program. COVID-19 Waiver: I understand there is an inherent risk in contracting infectious diseases, including COVID-19, by participating in activities at The Dojo, and I assume that risk and waive any right to make a claim against the Dojo or its agents or employees if I suspect my child has contracted COVID-19 while attending Dojo activities. Photography consent and waiver: Parent understands that the Dojo may occasionally take photographs or videos of students involved in our activities, and may post them from time to time on its website, brochures, or on social-media services such as Twitter, Facebook, or Instagram, and I consent to the Dojo's use of such images. I have carefully read this waiver & release and fully understand that it releases The Dojo of all liabilities for any injury I might claim relating to the items listed above.
2. **PICK UP:** I understand that the Dojo will allow only the persons I have authorized below to pick up my child, and that any person picking up will be required to show identification. Pickup must be completed by 10:00 pm, and I agree to pay a late fee of \$15 per quarter hour for late pickups.
3. **EXEMPTION FROM LICENSURE** This Parents Night Out event is operated under the terms of a certificate of exemption from licensure issued to the Dojo by Bright from the Start, the Georgia Department of Early Care and Learning.

Parent or guardian: _____ Cell Phone: _____

Persons Authorized to pick up: _____

Signature: _____ Date: _____