

1. I understand that in order to participate in in-person classes, my child must be able to comply with safe social distancing practices, including following verbal directions without physical prompts, maintaining 6 feet of distance, washing hands, and covering coughs.

2. I give my consent for my child/myself to be included in photos or videos of program activities that may be used in any media coverage printed or electronic. If I do not give consent, I understand that it is my responsibility to notify WizEducators at www.wizeducators.com before completing my class/program.

3. I understand that I will receive a full refund if I cancel my class registration 72 hours prior to the first day of camp.

4. I understand that I will not receive a refund or a credit voucher if I cancel within 72 hours of camp.

5. I give my consent to WizEducators to make whatever emergency (i.e. first aid, disaster evacuation, etc.) measures that are deemed necessary for the care and protection of my child while under the supervision of the program staff.

6. I understand that in case of a medical emergency, my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or rescue squad) deems it necessary. I understand that I will be responsible for the cost of this transportation.

7. I am aware that my child's participation in this class/program may carry a risk of serious personal injury, serious illness, infection, death and property damage or loss. I expressly and voluntarily assume on behalf of my child and for myself all risk of injury, illness, infection, death and property damage or loss that may result from my child/children's participation in this class/program.

8. I understand that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf.

9. As consideration for my child/children's being permitted to participate in this class/program, I hereby RELEASE AND DISCHARGE WizEducators from liability for the injury, illness, infection, death, property damage or loss arising out of my child's participation in this class/program, but not including liability for any losses caused by the negligence or intentional wrongful acts of the released parties.

10. I understand that I should retain a copy of this information for my records.

Parent Signature _____ Date: _____

Parent Name (Printed) _____