



Child's Name _____

LIABILITY WAIVER FORM

Please carefully read the following waivers.

PHOTO/MEDIA WAIVER: I, the parent/guardian shown on this form, wish my child to be enrolled in programs with InspireWorks Enrichment. I hereby give permission for photographs and other media materials to be used for promotional display purposes and local media and news coverage. _____ (Initial)

INSPIREWORKS ENRICHMENT RELEASE AND DISCLOSURE WAIVER: I am aware in signing this document for my child's participation in various or certain programs and activities offered by InspireWorks Enrichment; that certain elements of such programs or activities can be physically or emotionally demanding. The InspireWorks Enrichment staff will use reasonable efforts to minimize my child's exposure to known risks, but I recognize that not all dangers and hazards can be foreseen. Further, I am aware that certain inherent risks exist in some programs and activities that are beyond the control of the InspireWorks Enrichment staff. I acknowledge the absolute responsibility of my child to follow safety rules, standards, guidelines and procedures established for each activity and program. Failure to follow such rules and regulations may result in my child's dismissal from the program. I will encourage my child to ask for clarification or assistance if he/she doesn't understand any safety instructions. I knowingly release and hold InspireWorks Enrichment owners, employees, volunteers and directors, harmless from and against all liability for loss or injury to my child resulting from his/her participation in any activity or program. I agree to indemnify the InspireWorks Enrichment owners, employees, volunteers and directors for all costs and expense which it or they may incur due to claims or demands alleging such an injury, including settlement payments, court judgments, and legal defense fees. I agree that InspireWorks Enrichment shall have final authority regarding the defense and settlement of claims or suits brought against it or any of its employees, agents, volunteers or directors, claiming any such injury. _____ (Initial)

Your signature signifies that you have read and agree to the above information.

Parent/Guardian's Signature: _____ Date: _____