



Registration and Release of Liability

Read Carefully-This affects Your Legal Rights

Parent/Guardian Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

Age _____ School _____

How did you learn about us? Internet Facebook Flyer Ad Brochure Friend Family Other:

Other medical conditions of which we should be aware (but is not liable for):

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

Relationship: _____

Release of Liability

In exchange for participation in this educational program and/or activity organized by the Central Bucks Learning Academy, of Hartsville, Pennsylvania, 18974-1010 and/or use of the property, facilities, and services of Central Bucks Learning Academy and/or St. Cyril of Jerusalem Roman Catholic Church of Jamison, Pennsylvania, I agree for myself and (if applicable) for the members of my family, to the following:

1. **AGREEMENT TO FOLLOW DIRECTIONS.** I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Central Bucks Learning Academy.
2. **ASSUMPTION OF THE RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Central Bucks Learning Academy for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Central Bucks Learning Academy, whether caused by the fault of myself, my family, Central Bucks Learning Academy or other third parties including St. Cyril of Jerusalem Roman Catholic Church of Jamison, Pennsylvania. **I also agree that both Central Bucks Learning Academy and St. Cyril of Jerusalem Roman Catholic Church are not responsible for any loss or damage to any personal item or equipment during the participation of the above program.**
3. **INDEMNIFICATION.** I agree to indemnify and defend Central Bucks Learning Academy and/or St. Cyril of Jerusalem Roman Catholic Church against all claims, causes of actions, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which in any way arise from my or my family's use of or presence upon the facilities of Central Bucks Learning Academy and or St. Cyril of Jerusalem Roman Catholic Church.
4. **FEES.** I agree to pay for all the damages to the facilities of Central Bucks Learning Academy and/or St. Cyril of Jerusalem Roman Catholic Church caused by any negligent, reckless, or willful actions by me or my family.
5. **MEDIA RELEASE.** I also grant permission for Bucks County Learning Academy to take photographs, videos, and/or digital recordings of me during this activity to use in any and all media, now or hereafter. I do hereby release to Bucks County Learning Academy and its employees all rights to exhibit this work in print and electronic form, publicly or privately, and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of

my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me or my child, either for initial or subsequent transmission or playback. In addition, I understand that my child's last name will never be printed or mentioned in any print or media released material.

6. **MEDICAL AUTHORIZATION.** In the event of an injury to myself or to the above minor during the above described activities, I give my permission to Central Bucks Learning Academy or to the employees, representatives or agents of Central Bucks Learning Academy to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. Central Bucks Learning Academy shall have the following powers:
 - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or hospital.
 - b. The power to authorize medical treatment or medical procedures in an emergency situation.
7. **APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved by Pennsylvania law.
8. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Central Bucks Learning Academy has offered to refund any fees I have paid to use its facilities if I choose not to sign this agreement.
9. **ARM'S LENGTH AGREEMENT.** This Agreement and each of its terms are a product of an arms' length negotiation between Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
10. **ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any provision of the Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of the Agreement.
11. **DISPUTE RESOLUTION.** The parties will attempt to resolve any dispute arising out of or relating to the Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

I have read and understand this Release of Liability. I understand it involves surrendering valuable legal rights. I agree to be bound by all terms of this Release and that it cannot be modified orally.

Name: _____

Parent/Guardian Signature: _____ Date: _____

Central Bucks Learning Academy L.L.C.

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Warminster, PA 18974

info@cblearningacademy.com

(267)304-7700