



## KIDZONE LIABILITY WAIVER

I, the undersigned, acknowledge, appreciate and agree that:

1. Participating in sports and physical activities does carry the risk of injury. These may include serious injury including the potential for permanent paralysis and death. While particular rules, equipment, and precautions may reduce this risk, the risk of serious injury does still exist; and

2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence and/or participation, I will remove myself (my child) from participation and bring such to the attention of the AIS Sports Centre member immediately; and

4. I hereby release, indemnify and hold Công ty TNHH Dịch Vụ Giáo Dục Quốc Tế Úc ACG operating under The Australian International School, harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

5. I understand, agree and acknowledge that sports and strenuous exercise carry some risks and the potential for injury exists. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in sports activities. In addition, I understand that AIS Sports Centre does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by said participants.

In case of injury and/or medical emergency and where participant parent or guardian is not available to respond, AIS Sports Centre has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for the participant's welfare, and it is understood that the participant, and not AIS Sports Centre, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under the age of 18, parent/legal guardian signature)

Emergency Contact Information

Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_