

Minor Participant's Name (Please Print): _____

School Year: _____

Required for Full Day Campers & After School HW Help Students

PIVOTAL LEADERSHIP GROUP (doing business as JEI LEARNING CENTER FLORAL PARK/LITTLE NECK) Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver:

In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of JEI LEARNING CENTER FLORAL PARK/LITTLE NECK, I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue its directors, officers, employees and agents from liability from any and all claims including the negligence of JEI LEARNING CENTER FLORAL PARK/LITTLE NECK, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment.

Assumption of Risks: Outdoor trips and Playground Physical activity, by its very nature and the use of NYC Parks, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. JEI LEARNING CENTER FLORAL PARK/LITTLE NECK will use the NYC Park facilities for and will for activities such as outdoor play, running, sporting activities, classes, art, science, & imagination. Some of these involve situations, environments or activities that may lead to illness, physical injuries, psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, strains, sprains, contact with poisonous plants and animals, heat exhaustion, dehydration and embarrassment 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by JEI LEARNING CENTER FLORAL PARK/LITTLE NECK. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD PIVOTAL LEADERSHIP GROUP HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at JEI LEARNING CENTER FLORAL PARK/LITTLE NECK and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name of Parent/Guardian of Minor _____

Signature of Parent/Guardian of Minor _____

Date _____

PHONE number: _____

Participant's Age _____

(please turn over to sign transportation waiver)

**PIVOTAL LEADERSHIP GROUP (doing business as JEI LEARNING CENTER FLORAL PARK/LITTLE NECK) Waiver
AUTHORIZATION AND WAIVER TO TRANSPORT CHILD
Required for Recreational Trips**

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____

My child requires a booster seat: Yes No *(All children under 8 years of age or are required to be in a booster seat)*

I will provide Booster Seat for transport

I authorize Pivotal Leadership Group (doing business as JEI Learning Center Floral Park/Little Neck) to transport my minor child in a vehicle, driven by an individual authorized by JEI Learning Center Floral Park/Little Neck. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge JEI Learning Center Floral Park/Little Neck, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____ PHONE number: _____

Email: _____

Parent Signature

Date