



STUDY BUDDIES
REGISTRATION FORM

Student: _____ School attending: _____
Grade: _____ Teacher: _____ Age: _____
Parent(s): _____
Address: _____
Contact Phone #: _____
Emergency Contact: _____

Fill in dates and circle hours:

Mondays: _____ 3:00
Wednesday: _____ 3:00

Morning sessions provided upon request. Afternoon sessions are provided by Specific Teachers.

Study Buddies is available at a rate of \$25 per hour, per child. Please make checks payable to Kent Academy. Advanced registration and payment are required. Failure to provide 24-hour cancellation notice will result in forfeiture of the canceled session's payment.

I wish for my child to participate in Study Buddies at Kent Academy, 1814 Euclid Avenue, Charlotte, NC 28203. I expressly assume any and all risks of injury or death arising from or relating to the activities and waive and release any and all actions, claims, suits, or demands of any kind or nature whatsoever against Kent Academy or the property owners, its affiliates, contractors, vendors, officer, agents, sponsors, volunteers, or representatives of any kind (collectively "Releasees") arising from or relating in any way to my child's voluntary participation in these activities. I understand that this Waiver, Release, and indemnification agreement means, among other things, that if my child is injured or dies as a result of participation in these activities, I and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my child's injuries or death. I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to participation in any of the Activities. I also hereby grant permission to Kent Academy the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Kent Academy. I have read this Waiver, Release, and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full, complete understanding of its legal effect, and of the fact that it may affect my legal rights. I am the parent or legal guardian of the child whose name appears above. I have read and understand this Waiver, Release, and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Parent Signature: _____ Date: _____

To be completed by Study Buddies teacher: PAID: Check # _____ Cash: _____ DATE PAID: _____