



DISCLAIMER / WAIVER

I, _____ [Participant's Parent(s)/Legal Guardian(s)], hereby acknowledge that in consideration of being allowed and participate in the programs offered at Kids STEM Studio (hereinafter, referred to as the "Company"), the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges and agrees to the following conditions: (a) I represent that I am the parent or legal guardian of the Participant(s) named below, or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf; (b) On behalf of the Participant identified below, I give permission for my minor child to participate in the Company's programs and any of its related activities. (c) I understand that the program activities may involve outdoor games, field trips and travel to and from special activities, and other physical activities, that encompass associated risks. (d) I acknowledge that the Participant's participation in such programs is wholly voluntary. (e) I agree that the Participant(s) named above shall agree to follow all instructions, procedures, measures and directions given while participating in any program at the Company. (f) If a hazard is observed, the Participant shall inform the nearest Company's employee or official immediately.

MEDICAL TREATMENT CONSENT

I, the Participant and/or the Participant's Parent(s)/Legal Guardian(s), authorize the Company to facilitate and authorize transportation and emergency medical treatment for the Participant, as a result of an accident, illness, or other health condition or injury, as they may deem necessary at any medical facility of its choice.

I grant permission to the medical personnel selected by the Company to evaluate any injuries/illnesses, administer treatment, medication, anesthetic, take x-rays, provide medical, or surgical diagnosis or treatment and hospital care subsequently deemed necessary, and any referrals for further care as deemed necessary. I understand and agree that the Company assumes no responsibility for any injury or damages which might arise out of such medical treatment. I agree to pay for any costs related to medical treatments that are not covered by insurance or if I have no medical insurance. I waive my right to informed consent for any required treatment and grant permission to an authorized representative of the Company to authorize medical care for emergency treatment for the Participant if necessary.

INDEMNIFICATION

The Participant and/or the Participant's Parent(s)/Legal Guardian(s), KNOWINGLY, FREELY AND VOLUNTARILY ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ALL

RISKS, both known and unknown, and RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, and further agree to indemnify, defend and hold harmless the Company, their owners, managers, instructors, employees, other Participants, guests, promoters, lessees of premises used to conduct the activities, (the "Releases") from any and all liability, claims (including claims for equitable or injunctive relief), demands, actions and causes of action, damages, losses, rights of action, costs and expenses, including all attorneys' fees and costs, of any kind or nature whatsoever, present or future, known or unknown, anticipated or unanticipated, arising out of or related to any personal injury, damage, disability, death and loss, theft of, or damage to personal property, in relation to the Participant's attendance and/or participation in the events or activities of the Company (or any program affiliated with the Company), use of or presence at the Company facilities, and/or use of or presence at any location used to conduct any program or event of the Company, even if such risks arise from the negligence or wrongful acts or omissions of the Company and/or its Releases or otherwise, to the fullest extent permitted by law. I further agree that if, despite this agreement, I, or anyone on my behalf, makes a claim for liability against any of the Releases, I will indemnify, defend and hold harmless each of the Releases from any such liabilities which may be incurred as the result of such claim, or as a result of a breach of this agreement by me.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of Illinois. THIS INDEMNIFICATION PROVISION IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

CORONAVIRUS

I agree that neither I or my child will come to Kids STEM Studio with illness and/or showing symptoms similar to those of the Coronavirus. I agree to notify immediately if any member of our household who has been to the center has been tested positive for the Coronavirus or who has been exposed to someone who tested positive for the Coronavirus.

While the company is taking all the steps to implement additional cleaning procedures at the center and requesting all parents and children coming to the center to abide by certain procedures to prevent the spread of infection, I understand that these steps will not 100% prevent the spread of any disease or infection.

During this Coronavirus pandemic, I agree to waive any right to bring a claim, suit or legal action against the company and to release them from any and all liability arising from any infection of the Coronavirus.

CONSENT

I grant permission to the Company to utilize any and all photographs, pictures, videotapes, artwork or other likeness of the Participant without any other personal identifiers, as they deem appropriate for marketing, publicity, promotion, and advertising, without restriction and without payment of any compensation to them. I expressly release the Company and its

Releases from any privacy, defamation, or other claims, demands, actions, or causes of action arising out of broadcast, exhibition, publication, or promotion of the mentioned material.

Participant(s)

Print Name(s): _____

Parent/Legal Guardian

Print Name: _____

Signature: _____

Date: _____

Phone Number: _____