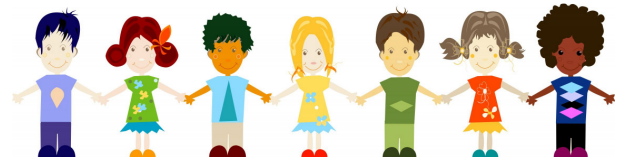


The Kids Zone



13815 Spelling Ct

Reno, Nevada 89521

775-852-3522

KIDS ZONE ENROLLMENT REQUEST

SPECIAL NEEDS:

Please include any allergies, medications, emotional, or physical needs. This information is needed to help us provide the best possible experience for your child.

WAIVER AND RELEASE

I (parent/guardian) agree to hold The Kids Zone and the directors of this program harmless from all suits, claims, or demands of every kind and character arising out of and in connection with the program provided by The Kids Zone. I understand that it is my responsibility to inquire about the parameters of this program's activities and to assess the ability of my child to safely participate in the program. The undersigned does hereby release The Kids Zone, its officers, agents and employees from any and all liability, of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the undersigned son(s) or daughter(s) named above while he/she participates in any program while at The Kids Zone and this includes any injury sustained while using any equipment provided by The Kids Zone. The undersigned acknowledges and affirms that he or she has carefully read this information and has asked and obtained a satisfactory explanation of any part that he or she does not understand. My signature represents my understanding, acceptance and agreement with the above state policies. (Both parents must sign, unless full custody is with one parent).

I have read, understand, and acknowledge receipt of the program rules.

1. _____
Signature (parent/guardian) Date

2. _____
Signature (parent/guardian) Date