



**WAIVER AND RELEASE/ASSUMPTION OF LIABILITY FORM
RELEASE FOR CHILDREN AND/OR YOUTH ACTIVITIES AND AUTHORIZATION
FOR MEDICAL TREATMENT**

Authorization to Participate.

This form is to allow my child, _____ (printed name of child), to participate in Spanish language instruction provided by CENY CENTRO EDUCATIVO, INC. I understand this activity or event will involve the following: Saturday & weekday Spanish language classes, including play, gymnastics and dance, which carry risks of physical injuries.

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks.

My signature on this form is my certification that my child is physically capable of engaging in the activity or event described above, and I hereby give my consent for my child to engage in this activity or event. Further, I acknowledge that I have had the risks posed to my child by engaging in this activity or event sufficiently explained to me, and I understand these risks (or I have declined such explanation because I already understand the risks involved in the activity or event). In exchange for allowing my child to participate in this activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my child's participation in this activity or event. **I do hereby release, for injuries now or in the future, CENY Centro Educativo Inc. and Nord Anglia Intl. School (the "Sponsors") and their employees, directors, officers, member, agents or other representatives, on behalf of ourselves, heirs, administrators and assigns, from any and all manner of action, causes of action, suits, debts, accounts, controversies, claims and demands whatsoever, which we or our legal representatives may have or may acquire against the Sponsors, their employees, directors, officers, members, agents or other representatives by reason of loss of property, damage to same, or by reason of the death of the participants or by any personal harm that may come to the participant by reason of such participation in said program, even if it is caused in whole or part by efforts, actions, or omissions of the Sponsors.**

Consent to Treatment. My signature on this form also constitutes my consent for the Sponsors to consent to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity. My child is covered with a health insurance policy with _____, policy # _____.

My signature on this form also constitutes my consent for the Sponsors to communicate with the pediatrician/health care provider of or child. A photocopy of this medical authorization shall serve as effectively as an original. I waive any claims or causes of action, including attorney's fees, I might have against the Sponsors for allowing my child to participate and also against anyone who provides medical treatment to my child in reliance upon this agreement. I agree to indemnify and hold the Sponsors harmless in the event they provide medical treatment or are subsequently sued for injuries to my child in the course of this event.

Date this _____ day of _____ 2017/18

Signature of Parent or Guardian

Printed/Typed Name of Parent/Guardian



ENROLLMENT CONTRACT AND EMERGENCY FORM
Tuition Period: Sept 2017 to June 2018

Child's Name _____ Birth Date _____ Gender: M/F

Pediatrician: _____

Address: _____

Phone: _____

Food Allergies / Medical restrictions: _____

Please attach to this form a copy of a medical form signed by the child's physician containing current information (within 12 months).

MOTHER'S Name _____

E-mail address: _____

Home Address _____ Town _____ Zip _____

Please enroll this parent as member of CENY Centro Educativo, Inc. (membership only open to parents of students)

FATHER'S Name _____

E-mail address: _____

Home Address _____ Town _____ Zip _____

Please enroll this parent as member of CENY Centro Educativo, Inc. (membership only open to parents of students)

ALLOWED TO PICK UP & EMERGENCY CONTACT LIST: In the event of an emergency, parents will be contacted first. If parents are not reachable, whom should we contact next?

Name _____ Relationship _____

Address _____

Phone _____

Name _____ Relationship _____

Address _____

Phone _____



ENROLLMENT CONTRACT AND Audio/Video/Photo/Directory Waiver Release Form
Tuition Period: Sept 2017 to June 2018

I understand that the classes provided by CENY CENTRO EDUCATIVO, Inc. (“CENY”) are not part of any degree or academic program and participation in these classes does not release my child from the requirement of attending a required program under applicable Laws.

I understand that if for whatever reason I cancel the enrollment contract, ALL tuition for the Saturday &/or Weekday Program is payable, and I undertake to pay them according to the mentioned schedule. I also understand that I will be responsible for any bank charges of any check that is returned to CENY.

Submission of the enrollment agreement alone does not complete the registration process. Enrollments are not completed until the corresponding tuition fees and signed agreements are both received and registration is approved by CENY. If enrollment is not approved any fees paid for the period will be reimbursed.

To protect the privacy and safety of CENY students, personal information about student (such as student home addresses, e-mail addresses and phone numbers) will not be published on any CENY web page or disseminated to any organizations or media outlets under any circumstances. Class directories, which include student name, address and phone number are available should you choose to have your child included. These directories are only disseminated to students within the same home room.

Student names, photos of students, audio or video recordings of students and/or student work may be published on official school newsletters or web pages, or shared with school approved news media, organizations or web services, with parent permission below.

Please note that no permission is required for large group photos in which the students are not individually identified.

Release

I hereby consent to the participation in interviews and monitored educational online communication, the use of quotes, writing and artwork, and the taking of photographs, movies or videotapes of my child and his/hers activities by CENY. I also grant CENY the right to edit, use and reuse said products for non-profit purposes on its website, brochures and other materials. I also hereby release CENY from all claims and liabilities whatsoever in connection to the above.

Dated: _____201__

Signature of Mother/Father/Tutor

Printed/Typed Name of Mother /Father/Tutor