



**Notice of Conditions and Assumption of Risk  
Agreement  
(For a Minor)**

In consideration of participating in the CORE Kids Academy Program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, or the condition in which the event takes place; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I have read the Notice of Conditions and Assumption of Risk Agreement, understand that I have been made aware of conditions which could result in an injury to me, but, I have, of my own volition, decided to proceed with my involvement in this activity. I understand that the Commonwealth of Virginia recognizes contributory negligence and assumption of the risk as legal defenses to any legal action.

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities, the risks associated therewith, and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. With full knowledge and understanding of the risks and conditions, I authorize my child to participate in these activities.

By writing my email address below, I am giving consent to be added to the mailing list of CORE Kids Academy, LLC. CORE will never share your email address, or any other private information, with any person or business.

I received and understand the CORE Kids Academy Tuition & Events Schedule. I understand that the student above is permitted one make-up classes per 8-week session, owed make up classes must be completed by the end of the session, will NOT roll over from session to session, and must be scheduled in advance. I understand that by paying the annual membership fee, my entire family is granted membership status & associated perks. I give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of any Core Kids Academy, LLC activities.

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Phone Number