

I fully understand that this Activity and my participation in it involves potential 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 further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, events arising from the negligence of the releases or others, and assume full responsibility for my participation and exposure.

I have read this 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.

FOR MINOR PARTICIPATION: 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 Kids Academy will never share your email address, or any other private information, with any person or business.

Printed name of participant	 Date	
Printed name of Parent/or Legal Guardian	Email Address	
Signature of Parent/or Legal Guardian	Phone Number	