



Today's Date:				(Office Only) Date Received:			
STUDENT INFORMATION							
Last Name:		First	Middle	Birthdate:	Age:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home Phone # (    )		Email:		
P.O. Box:	City:			State:		ZIP Code:	
Legal Guardian Information:	Last Name:		First Name:		Middle:	Cell Phone # (    )	
Address (Same as Above <input type="checkbox"/> )							

PROGRAM(S) REGISTRATION			
Year 20_____		Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Programs	Days and Times		Cost
Example: English Composition High School	Mon, Wed, Fri 10:00-12:00pm		120.00
1.			
2.			
3.			
4.			
<b>Total Cost:</b>	\$_____		
Payment Type: <input type="checkbox"/> Credit <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Request Tuition Assistance			
Office Use Only: Payment Received/ Tuition Assistance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Date: _____ Initials _____			

IN CASE OF EMERGENCY			
Name:		Relationship to student:	Home Phone #: (    )
			Work Phone # (    )
The above information is true to the best of my knowledge.			
_____		_____	
<i>Patient/Guardian signature</i>		<i>Date</i>	

# Additional Information

List any allergies your child has and if they are prescribed an EpiPen for those allergies:

---

---

---

List any special accommodations needed for your child:

---

---

---

Other:

---

---

---

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# KALEIDOSCOPE DISCOVERY CENTER

## RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

**PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

In consideration for the opportunity to participate in programs sponsored by The Kaleidoscope Discovery Center (KDC), for myself or as a parent or guardian of a minor, agree that I, or my minor child(ren), will be bound by the following terms and conditions of such participation.

- 1. Release, Waiver and Hold Harmless Agreement.** I freely, voluntarily, and without duress release, waive, discharge and hold harmless KDC, its successor and assigns, agents, employees, and volunteers (collectively referred to as KDC) from any and all liability, claims, and demands of whatsoever kind or nature either in law or equity which arise from my being a Participant in a KDC program. I specifically release and hold harmless KDC from any liability with respect to any bodily injury, personal injury, illness, death, or property damages that may result from my participation in a KDC program whether caused by the negligence of KDC, its agents, employees, officers, directors or otherwise or any defect in any equipment supplied by KDC.
- 2. Indemnity.** I further hereby agree to indemnify and hold harmless KDC from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred due to my participation in a KDC program, whether or not caused by negligence of KDC or otherwise.
- 3. Insurance.** I understand that, except as otherwise may be agreed to by KDC in writing, KDC does not carry or maintain health, medical or liability insurance coverage for any Participant.
- 4. Other.** I understand and agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the common and statutory laws of the State of Missouri and that this Release and Waiver of Liability will be interpreted in accordance with the laws of the State of Missouri.
- 5. ACCEPTANCE OF BINDING AGREEMENT.** I (FOR MY SELF OR AS THE PARENT OR GUARDIAN OF A MINOR CHILD(REN) HAVE READ AND UNDERSTAND THIS AGREEMENT. I AM VOLUNTARILY SIGNING THIS RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THIS AGREEMENT AND MY OR MY CHILD(REN)'S PARTICIPATION IN PARTNERSHIP ACTIVITIES. BY SIGNING THIS AGREEMENT I (FOR MY SELF OR AS A PARENT OR GUARDIAN OF A MINOR(S)) AGREE THAT THIS AGREEMENT IS BINDING ON ME, MY SPOUSE (IF ANY), MY CHILD(REN) OR ANY CHILD(REN) FOR WHOM I AM GUARDIAN, MY HEIRS, EXECUTOR, LEGAL AND PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle One (YES / NO) I grant permission to use photographs of my minor child in print or online material designed for news, informational or educational purposes related to The Kaleidoscope Discovery Center.**

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_