

2021 Contact Information & Release Form

Participant's Name _____

Relationship to member: _____

Birth Date: month day year _____

Age as of June 15, 2021: _____

Participant's Name: _____

Relationship to member: _____

Birth Date: month day year _____

Age as of June 15, 2021: _____

Participant's Name: _____

Relationship to member: _____

Birth Date: month day year _____

Age as of June 15, 2021: _____

Parent Information

*Cell phones contacts required below. We will be using Daxko Engage SMS text to notify ALL parents of weather and class cancellations.

Parent 1/Guardian 1 Name: _____

Primary contact? Yes No

Responsible for payment? Yes No

Email(s): _____ Please do not contact me via text.

*Cell: _____ Home: _____

Office: _____ Local or summer: _____

Mailing Address (if nonmember): _____

Parent 2/Guardian 2 Name: _____

Primary contact? Yes No

Responsible for payment? Yes No

Please do not contact me via text.

Email(s): _____

*Cell: _____ Home: _____

Office: _____ Local or summer: _____

Mailing Address (if nonmember): _____

Medical Information

Name of Health Insurance Provider: _____

Policy Number: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Notes (Please list any allergies, medications, special needs or accommodations):

Emergency Contact (In case you cannot be reached):

Name: _____ Phone/Cell: _____

Name: _____ Phone/Cell: _____

Others who may pick up your child from KBIA:

Name: _____ Phone/Cell: _____

Name: _____ Phone/Cell: _____

Consent for Photographs & Videos: Photos or video may be utilized for public relations purposes to promote awareness of KBIA on our website, our Facebook, Instagram & YouTube pages and in marketing materials such as newsletters & brochures. Photos or video may also be utilized to promote awareness of KBIA in the local media. If you do not consent to having your child's photograph used, you must notify our Program Administrator in writing.

Liability Release

In consideration of being allowed to participate in any programs and related activities conducted or sponsored by Kennebunk Beach Improvement Association (KBIA), I acknowledge by my signature below that I have read this agreement and that I understand and agree that:

1. Participation in any KBIA related activities involves a degree of risk including the remote possibility of permanent injury, paralysis or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of KBIA or its subsidiaries or agents, and I assume full responsibility for my participation; and
3. I have read and agree to comply with all rules and regulations for participation in any activities conducted or sponsored by KBIA, including all the policies and expectations on page 25.
4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS KBIA AND ALL OF ITS SUBSIDIARIES, THEIR OFFICERS, DIRECTORS AND AGENTS, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY. A parent or legal guardian must sign if a participant is under the age of 18.

Parent/Guardian Signature _____

Date Signed _____