



Parent Night Out Event Waiver 2022-2023

1. I hereby enter into this Waiver individually and as a parent or guardian of _____ hereafter, both parents/guardians are referred to as “I”, “my,” or “parents”). My signature at the end of this Waiver indicates that I have read, understand, agree, and will comply with the terms of this Waiver in registering my child for Parent Night Out at Mainspring Academy (“the School”). This Waiver is valid only for the 2022-2023 School year and does not entitle my child to any future enrollment in the School or Parent Night Out events. **I understand that I must submit a signed copy of this Waiver and the \$50 registration fee no later than Friday, November 18, 2022. If my child is already enrolled in the aftercare program, I understand that I must submit a signed copy of this Waiver and the \$30 registration fee no later than Friday, November 18, 2022.**

2. Parent Night Out hours are 3:00pm to 7:00pm. I understand late pickups will be charged a flat rate of \$5 per minute after 7:05pm. I understand that I am responsible for the late pickup penalties for the late arrivals of any authorized pickup persons.

3. All checks should be made payable to “Mainspring Academy.” I understand that if I do not timely submit items referenced in the above paragraph, this spot may be withdrawn, and unsecured spaces may be made available to new applicants. I understand there will be no refunds given if the student is absent from the Parent Night Out.

4. I understand that Mainspring Academy reserves the right to withdraw students from the Event should behaviors potentially interfere with the safety of students, staff, or property.

5. I agree to follow the policies and procedures Mainspring has put into place for illnesses and child health, including the COVID-19 response. I understand that any deviation or resistance to these policies will result in the cancellation of my registration. I acknowledge the risk of illnesses and agree to hold Mainspring harmless from responsibility related to my child’s possible exposure to illness during their attendance in Event.

6. ASSUMPTION OF RISK, WAIVER, AND AGREEMENT TO HOLD HARMLESS

I UNDERSTAND THAT ENROLLMENT/ATTENDANCE/VISITATION AT A SPECIAL NEEDS SCHOOL SUCH AS MAINSPRING IS NOT WITHOUT RISK TO MY CHILD, AS WELL AS TO MYSELF, MEMBERS OF MY FAMILY OR MY GUESTS, DUE TO THE NATURE OF EXTREMELY AND INHERENTLY CHALLENGING AND UNPREDICTABLE BEHAVIOR FOR CHILDREN DIAGNOSED WITH

DEVELOPMENTAL DISABILITIES AND EMOTIONAL DISORDERS. CHALLENGING BEHAVIORS TO WHICH SUCH PERSONS WILL BE EXPOSED ARE INHERENTLY DIFFICULT TO FORESEE AND/OR CONTROL AND MAY BE THE CAUSE OF INJURY, EVEN WHEN HANDLED WITH THE UTMOST OF CARE.

I, ON BEHALF OF MYSELF AND ALL SUCH PERSONS MENTIONED ABOVE, HEREBY WAIVE AND RELEASE MAINSPRING ACADEMY AND AGENTS FROM ANY AND ALL LIABILITY OF ANY NATURE FOR INJURY AND OR DAMAGE RESULTING FROM ENROLLMENT/ATTENDANCE/VISITATION AT THE SCHOOL, SPECIFICALLY INCLUDING FROM THE ACTIONS OF SPECIAL NEEDS STUDENTS. I ASSUME THE RISK OF ANY DAMAGE, OR INJURY TO ANY SUCH PERSONS MENTIONED ABOVE, WHILE MY CHILD ATTENDS THE SCHOOL OR OTHER FUNCTIONS FOR OR RELATED TO THE SCHOOL, AND SHALL HOLD THE SCHOOL HARMLESS FOR ANY RELATED, LIABILITIES, CLAIMS OR DAMAGES.

FURTHER, I ACKNOWLEDGE THAT I AM PERMITTING MY CHILD OR WARD TO PARTICIPATE IN SCHOOL AND SCHOOL ACTIVITIES AT A TIME DURING WHICH A COVID-19 PANDEMIC IS PRESENT THROUGHOUT



THE UNITED STATES, INCLUDING IN THE SPECIFIC GEOGRAPHIC LOCATIONS AT WHICH SCHOOL WILL BE HELD. ACCORDINGLY, I AGREE, ON BEHALF OF MY CHILD OR WARD, ON MY OWN BEHALF AND ON BEHALF OF ANY OTHER PARENT OR GUARDIAN OF THE CHILD OR WARD IDENTIFIED BELOW, TO ASSUME ALL RISKS ASSOCIATED WITH OUR CHILD'S OR WARD'S PARTICIPATION IN SCHOOL ACTIVITIES AND HEREBY RELEASE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT MAY ARISE, OR BE ALLEGED TO HAVE ARISEN, IN ANY WAY AS A RESULT OF SUCH PARTICIPATION. THE RELEASED PARTIES SHALL BEAR NO RESPONSIBILITY FOR ANY PERSONAL INJURIES (INCLUDING DEATH) THAT MAY ARISE AS A RESULT OF THE TRANSMISSION OF ANY INFECTIOUS DISEASES DURING MY CHILD'S OR WARD'S PARTICIPATION IN SCHOOL ACTIVITIES OR MY OR ANY OTHER PARENT'S OR GUARDIAN'S ATTENDANCE AT ANY SUCH ACTIVITIES.

7. I agree that both my child and I will follow and adhere to the policies, rules, and regulations as set forth in this Waiver as well as the Student Handbook.

8. In the event my child becomes ill or is injured while under school supervision I understand that the School will attempt to communicate with me to receive instructions of how to proceed. I also understand and agree that if the School is unable to reach me, the School will attempt to contact my child's physician and follow his/her instructions. If my child's physician cannot be reached, I agree that the School can seek services from a properly licensed and practicing physician. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require pre-authorization or consent, I hereby authorize, appoint, and empower the School to furnish on my behalf such written or oral authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises. I hereby release and hold the School harmless from any liability which might arise from the giving of such consent. I further agree to reimburse the School for any medical expenditure made on my child's behalf.

9. I understand that the School is not responsible for damages to or loss of personal property/possessions and their components/accessories.

10. I understand that the School reserves the right not to extend the privilege of Event registration to a student if the School reasonably concludes that the actions of a parent or family member make such a positive and constructive relationship impossible or otherwise seriously interferes with the School's accomplishment of this program's purpose or if the student's behavioral needs exceed what can be addressed by school volunteers.

11. This Waiver shall be governed under the State of Florida. The venue of any action hereunder shall lie exclusively within the Circuit Court of Duval County, Florida, and the parties hereto consent to personal jurisdiction and expressly waive all rights to trial by jury.

PAYMENT PLAN

I agree to pay the full \$50 registration fee for the Saturday, September 17, 2022 Parent Night Out Event. I agree that \$15 will be billed for each additional child. Registration fees will be due no later than Friday, November 18, 2022. There will be no refunds. Acceptions are rare and must be approved by Mainspring Administration.

INITIALS: _____

Participant's Name(s): _____

Signature of Father (or legal guardian) & Date

Signature of Mother (or legal guardian) & Date



Mainspring
Academy

2022-2023 Parent Night Out Application

1. Full Name: _____ DOB: _____ Sex: _____
2. Full Name: _____ DOB: _____ Sex: _____
3. Full Name: _____ DOB: _____ Sex: _____
Participant Address: _____ City: _____ Zip: _____
Home Phone: _____

PARENT/GUARDIAN INFORMATION

1st Guardian's Name: _____ Phone (Home/Cell): _____
Relationship: _____ Email Address: _____
Address (if different from student): _____
Employer: _____ Title: _____ Work Phone: _____
2nd Guardian's Name: _____ Phone (Home/Cell): _____
Relationship: _____ Email Address: _____
Address (if different from student): _____

EMERGENCY CONTACTS

Please list 2 emergency contacts to be called in the event a parent/guardian cannot be reached:

Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____

HEALTH INFORMATION

Please list any food intolerances, allergies, and emergency protocol _____
Please list any asthma symptoms and emergency protocol _____
Please list any seizure symptoms and emergency protocol _____

I AUTHORIZE THE SCHOOL PERSONNEL TO TAKE RESPONSIBLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

Parent Signature _____ Date: _____
Insurance Company: _____ Policy #: _____ Group #: _____
Physician: _____ Phone: _____ Hospital: _____

I VERIFY THAT THE INFORMATION IN THIS DOCUMENT IN ITS ENTIRETY IS CURRENT AND THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AM RESPONSIBLE FOR TUITION, FINES, PENALTIES, ATTORNEY'S FEES, AND COURT COSTS RESULTING FROM A FALSIFIED DOCUMENT.

Parent Signature _____ Date: _____