

PARENT PERMISSION AND WAIVER FOR PICK UP AND TRANSPORATION OF CHILDREN IN AFTER SCHOOL PROGRAM

Dear Parent or Legal Guardian:

Your son/daughter is in Koo Chinese Academy's After School Program. You have requested Koo Chinese Academy to arrange to pick up your son/daughter from his/her K-12 school and transport him/her to Koo Chinese Academy facility. This activity will take place under the guidance and supervision of staff and/or subcontractor from Koo Chinese Academy.

If you would like your child to participate in the pickup and transportation described above, please complete, sign and return the following statement of consent and waiver of liability and emergency contact information.

My child has special medical concerns: Yes___ No___ (If yes, please describe – over ...)

CONSENT AND WAVIER

I hereby request the participation of my child, ______, in the pickup and transportation activity described above. I understand that this activity will take place away from the school grounds and that my child will be under the supervision of the school staff and/or the subcontractors. I further consent to the conditions stated above, including the method of transportation.

I recognize participation in this activity, as with any activity involving transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the pickup and transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Koo Chinese Academy, and their agents, officers, employees, subcontractors and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, in any manner arising out of this transportation.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims of liability against Koo Chinese Academy which may arise from the participation of the named student in the above-described activity.

(Print Parent's Name)

(Parent's Signature)

(Date)

Basking Ridge Site: 564 Allen Road, Basking Ridge, NJ 07920 908-326-6390 Branchburg Site: 3322 Route 22, Suite 501, Branchburg, NJ 08876 908-725-5888 Koo Chinese Academy LLC http://www.koochinese.com

STUDENT EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT ATTENDING THE TRIP):

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER(S) WHERE CONTACT PERSON CAN BE REACHED ON THE DAY OF THE TRIP:

MEDICAL CONCERNS:

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