



Waiver Liability Form

Training Date Start (mm/dd/yyyy): 03/20/2014 Registration Date: _____

Training Address: 9501 Wendon St., Temple City, CA 91780 _____

Student Name: (First) _____ (Last) _____

Date of Birth(mm/dd/yyyy): _____ Sex: Male Female

Parent Name: (First) _____ (Last) _____

Contact Phone Number: (Home) _____ (Cell) _____

Authorization and Release: I, the undersigned, authorize recording, by audio, video, photograph, or other means, I or my child's participation in the programs related to MidBrain, including the right to copy-right such recordings, and to use and publish them, in whole or in part. This authorization expressly includes the right to record, reproduce or otherwise use my child's face, likeness and voice. The undersigned individual hereby releases and discharges MidBrain, including their branches, employees, agents, representatives, partners, instructors, volunteers, or staff, from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the undersigned individual may have against MidBrain arising out of the use and publication of said material in any manner, whether for commercial purpose or otherwise

Waiver of Liability: I hereby waive any and all claims of any nature whatsoever, and agree not to hold MidBrain, including their branches, employees, agents, representatives, partners, instructors, volunteers, or staff, responsible for any injuries suffered by me or my child, or loss, which I or my child may incur, that is caused in whole or in part, which may arise, occur, or be attributable to but not limited to the following; (1) a breach of any representation, warranty, or promise made by me or my child; (2) any misstatements made by me or my child; (3) my or my child's failure to follow the instructions of the instructors; (4) my failure to disclose in writing any physical impairment or condition of my child's; (5) I or my child's inability or failure to satisfactorily complete the course requirements; (6) the course offered and standard of instruction; (8) interruption or termination of the training due to illness, acts of God, civil unrest or any other unforeseen circumstances; and (9) any accident, injury or loss that occurs off of or inside/outside of the physical premises of the training place.

Authorization of Emergency Medical Care

Should the student become ill or injured during the training course on school supervised grounds;
The student may receive necessary first aid.
The student may receive medical attention by a licensed physician,
The student will be admitted to a hospital if necessary.
This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only of the event and time period specified above.

I have read, understand, and agree to all of the terms and conditions of this registration. I represent and warrant (1) that I (or my child) have been in good health and fully able to perform daily physical activities and (2) that I will faithfully follow all instructions given by MidBrain.

Parent/Guardian _____ Print Name _____ Signature _____ Date _____