



INDEMNITY FORM

I acknowledge that by signing this document, I am releasing Kids In Motion (InkWellCreations LLC) and their respective agents, employees, members, sponsors, promoters, partners, officers, directors and affiliates (collectively "Releases") from liability. This release form is a contract with legal consequences.

Consent and Release of Parent or Guardian (Only to be filled out for children under the age of 18)

I am the parent or guardian of _____ (Child). My Child is fit for the Kids In Motion activities, and I consent to my Child's participation. In consideration of allowing my Child to participate, I consent to it and agree that **ALL OF ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD**, my heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the releasees (including reasonable attorney's fees or costs) as a direct or indirect result of injury to me or my Child because of my Child's participation in this activity, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the activity.

Initial Here _____

I HAVE READ AND I UNDERSTAND ALL OF THE PROVISIONS OF THIS DOCUMENT. I UNDERSTAND THAT KIDS IN MOTION INKWELLCREATIONS LLC IS RELYING UPON MY SIGNATURE AND WOULD NOT PERMIT MY CHILD TO PARTICIPATE IN THE ACTIVITY IF I DID NOT SIGN THIS RELEASE, AND I AM SIGNING THIS RELEASE VOLUNTARILY AND WITHOUT ANY COERCION.

I permit the use of any photos, slides, or films of my child taken during the day's activity for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

In addition, Kids in Motion is authorized to obtain or provide emergency hospitalization, surgical or other medical care for my child.

This agreement is entered into voluntarily, after careful consideration and is binding upon the persons signing below, their heirs, executors, administrators, wards, minor children and other family members.

Name of parent or guardian (print):

Signature of parent or guardian:

_____ **Today's Date:** _____