

ENOCH of NJ
20th Annual Homeschool Convention

Children's Program
Pre-registration Form and Release

Deadline April 30

Parent / Guardian Name: _____

Mailing Address: _____

Phone #: () _____ - _____ Email Address: _____

Cell Phone #: () _____ - _____ [required for emergency contact during convention]

First child: *each* workshop session costs \$10 [pre-registered]
Additional siblings: *in same* workshop session costs \$8 [pre-registered]

		MAD SCIENCE			HISTORICAL HAPPENINGS			
CHILD'S NAME	AGE	Friday 3:15- 5:00pm	Saturday 8:45- 10:45am	AMOUNT / CHILD	Friday 6:15- 8:15pm	Saturday 12:15- 2:30pm	Saturday 2:45- 5:00pm	AMOUNT / CHILD
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Total Payable to Mad Science ⇒				\$	Total Payable to Historical Happenings ⇒			\$

Please check off boxes to indicate you understand the conditions of participation

- I will be attending the Convention on Friday and/or Saturday (circle which)
- I will not leave the facility while my child[ren] are in the Children's Program
- I have read the waiver that I will be required to sign when I drop off my child[ren].

Mail This Form and Release With Check(s) Payable to
"Mad Science" and/or "Historical Happenings" to ⇒

ENOCH Children's Program
304 Cambridge Rd.
Cherry Hill, NJ 08034

RELEASE OF LIABILITY, ASSUMPTION OF RISK INDEMNIFICATION STATEMENT

This RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION STATEMENT ("Release") is made this ___ day of ____, 2010 for the benefit of ENOCH of NJ.

BACKGROUND: During the hours of the ENOCH Annual Convention on May 14th and May 15th, the minor child /children listed below will receive instruction from volunteers, Historical Happenings and Mad Science at the NJ Expo Center. Historical Happenings and/or Mad Science will receive a fee pursuant to arrangement made with you and Historical Happenings and/or Mad Science. This arrangement, including the occupation of the Location before, after and during instruction, the serving and eating of food and drink, and miscellaneous play and activity on the date of instruction, is collectively referred to in this Release as the "Children's Program".

In connection with the Program, ENOCH will not receive a fee for the use of the Location or for other reason. The execution and delivery of this Release is required by ENOCH, Historical Happenings and Mad Science before any participation in the Program. INTENDING TO BE LEGALLY BOUND, the undersigned, on behalf of myself and my minor child, hereby releases ENOCH, its agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with the Program, including without limitation any injuries at or caused by conditions at the Location.

And further, INTENDING TO BE LEGALLY BOUND, the undersigned on behalf of myself and my minor child hereby releases Teacher, his agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with the Program.

This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims and/or demands which are unknown or unsuspected to exist at the time to the person executing such release, are hereby expressly waived.

On behalf of myself and my minor child, I voluntarily accept and assume these risks and dangers and release ENOCH, Historical Happenings and Mad Science from all responsibility and any liability for any injuries and/or damages which may result from my decision to allow my child /children to participate in the Children's Program. Further, I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States, or in any State thereof, or elsewhere, against ENOCH, Historical Happenings or Mad Science, his or their agents, officers and/or employees for personal injury, property damage or any other type of loss, arising out of, or in any way connected with the participation of my child /children in the Children's Program. Without limiting the foregoing, I agree not to support or participate in any action arising out of the Children's Program or the Location against ENOCH, Historical Happenings or Mad Science for any reason or in any way, even if brought by, or in the name of, my minor child. I also agree to indemnify and hold harmless ENOCH, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of the participation of my child /children in the Children's Program, including any brought by, or in the name of, my minor child.

I represent and warrant that I and my minor child/ children are and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I or he/she/they sustain or experience while in the program. I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next-of-kin. My signature denotes my understanding of and agreement with this statement and its implications.

I agree that this document shall be interpreted and governed by the laws of the New Jersey and I also hereby consent to the jurisdiction, including the personal jurisdiction, of the courts of the State of New Jersey as the exclusive courts of jurisdiction with respect to the interpretation or enforcement of the provisions of this Release.

I agree that if any provision of this document shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this document.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20____.

NAME(S) of Child(ren)

- 1. _____
- 2. _____
- 3. _____

(list any others below)

SIGN HERE: _____

PARENT

Witnessed By Printed Name of Parent of Program Participant(s)

Emergency Information - Child(ren) Name: _____

(Who to Contact in Case of Emergency) (Relationship)

Phone #'s - Home: _____ Work: _____ Cell: _____