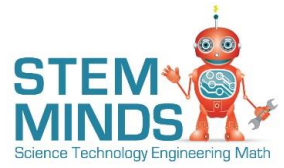




NEWMAKEIT Facility Use Form



PARENT NAME

First Name:

Last Name:

Email:

Phone:

Mobile:

Work Phone:

PARENT ADDRESS

Street:

City:

Postal Code:

Name of Child attending programs at NewMakelt:

Age of Child:

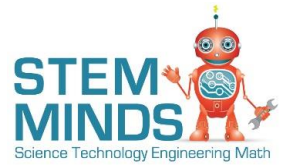
RELEASE OF LIABILITY WAIVER

PLEASE READ CAREFULLY

I, _____, the undersigned, for myself and each sponsored dependent and guest, assume full responsibility for death, or any other injuries or damages which may occur to me or my sponsored guests or dependents in, on, or about the premises of the facility and do hereby fully and forever release and discharge STEM MINDS Corp. and NewMakelt employees, officers, agents, servants, employees and independent contractors from any and all suits, claims damages cost and expenses of every kind, in conjunction with the use of the facility and equipment thereof except that arising out of the sole negligence or wilful misconduct of STEM MINDS Corp. and NewMakelt. I, the undersigned, for myself and my sponsored dependents and guests further agree to use all related equipment, props and activity area properly and leave them in good condition. I, the undersigned, understand the activities which will be held during the program and have had my questions answered to my satisfaction. I, the undersigned, certify that the information I have given on my registration form is complete and accurate. By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored dependents and guests, and for my heirs and assigns intending to be legally bound.



NEWMAKEIT Facility Use Form



My signature below indicates that I have read, understand and will follow all rules and regulations.

Printed Name of Participant/Child

Signature of Parent/Guardian

Parental Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Date: _____