



Waiver, Release and Assumption of Risk Enrollment of a Minor at MKC Beauty Academy

FOR GOOD AND VALUABLE CONSIDERATION, and in order to enroll in and participate in instructional courses at MKC Beauty Academy (hereafter "MKC"), the undersigned releases MKC, its officers, agents, and/or employees, and other students, jointly and severally, and waives all claims of personal injury, property damage, other losses and/or death that may arise from the undersigned's participation in the aforesaid activities. The undersigned recognizes and acknowledges that there may be risks connected with the activities, and nevertheless accepts, assumes, and undertakes these risks. The undersigned agrees to use his/her best judgment in undertaking these recommendations, whether written or oral. The undersigned certifies that he/she is a minor who assumes these risks of his/her own free will, being under no compulsion or duress; the undersigned's parent or guardian, whose name and signature appear below, also joins in this Waiver, Release and Assumption of Risk on behalf of his/her minor child or ward, of his/her own free will, being under no compulsion or duress. This Waiver, Release and Assumption of Risk is effective only for activities related to courses enrolled in at MKC Beauty Academy, and may not be revoked, altered, amended, rescinded or voided without the express written consent of MKC.

A guardian over the age of 18 will accompany the student, will be reachable by telephone, and will be near enough to the MKC Beauty Academy campus to appear in case of emergency.

Name of guardian accompanying student: _____

Relation to student: _____

Phone number where guardian may be reached: _____

I HAVE READ THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date signed: _____
STUDENT'S SIGNATURE

SIGNATURES OF PARENTS/GUARDIANS OF STUDENT OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION)

X _____ Date signed: _____

X _____ Date signed: _____

Emergency Numbers (continue on back if necessary)

Name: _____ Relation to Student: _____ Phone: _____

Name: _____ Relation to Student: _____ Phone: _____

Name: _____ Relation to Student: _____ Phone: _____

Name: _____ Relation to Student: _____ Phone: _____