Enrichment Catalog

This program is made possible through Seattle Parks and Recreation and the Associated Recreation Council.

Brought to you by:

AFTER SCHOOL ENRICHMENT CLASSES

LOWELL

MILLER COMMUNITY CENTER
330 19th AVE. E
Seattle, WA 98112
Ph: 206-684-4753

Registration Opens 12/4 at Noon!

Full Scholarships Available!

Winter 2019
Enrichment Catalog

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Seattle, WA 98112
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This program is made possible through Seattle Parks and Recreation and the Associated Recreation Council.
Program Information

Winter 2019 Class Session: 1/14-4/5

Program Contact Information

Miller Community Center
330 19th Ave. E, Seattle, WA 98112
Phone: 206-684-4753

• Program Administrator: Tiffany Flye
  Phone: 206-849-9181, Email: tiffany.flye@seattle.gov

Program Schedule

Lowell Elementary Release: 3:25 p.m. (M, Tu, Th, F), and 2:10 p.m. (Wed)
Check In: 3:25-3:35 p.m. (M, Tu, Th, F), and 2:10-2:20 p.m. (Wed)
  • Students report to the gym upon dismissal to be signed in and eat snack.
Session 1: 3:35-4:35 p.m. (M, Tu, Th, F), and 2:20-3:50 p.m. (Wed)
  • ALL PARENTS of students not enrolled in second session must come to the
gym and SIGN OUT their student at 4:35 p.m., or 3:50 p.m. (Wed). Late fees
  will be assessed $1 per minute.
Session 2: 4:45-5:45 p.m. (M, Tu, Th, F), and 4-5 p.m. (Wed)
  • All parents must SIGN OUT their student by 5:45 p.m., or 5 p.m. (Wed). Late
  fees will be assessed $1 per minute.

*There are no after school classes on holidays, no school days, or early dismissal days at the
Elementary School. These “No Class” days are figured into the price of each class.

How to Register

All students must turn in, or have on file, a completed E-13 Participant Information and Authorization form
to register for class. Once completed, E-13 forms are good for one school year. Though classes are held at
the school, all paper work must be turned in to Miller Community Center,
where you can receive more information about classes, registration, and scholarships.

FIRST CHOICE
Stop by your local community center to register for programs and meet the staff. Staff welcomes face-to-face
interaction! Please note hours of operation as they vary across community centers.

SECOND CHOICE
Seattle Parks and Recreation is launching a new registration software this winter. To find additional
information about signing up online using our new registration software go to this website:
bit.ly/spr_new_registration

THIRD CHOICE
Call your local community center during our hours of operation at the phone number listed above, or at:
seattle.gov/parks/centers.asp. All staff can assist you with registration during operating hours.

An additional $5 insurance fee will be required when registering for all gymnastics, tumbling, or circus arts
classes offered through Seattle Parks and Recreation. This non-refundable fee covers a child’s participation in all
gymnastics, tumbling, or circus arts classes for one year from the date of purchase. Please contact your local
community center to purchase this insurance. **Note:** This insurance will only be utilized if expenses exceed your
primary insurance coverage.
What You Need to Know

Registration and Payments:

NEW INFORMATION, PLEASE READ CAREFULLY

Seattle Parks and Recreation is launching a new
Registration Software on November 27, registration
for Winter Enrichment opens Dec 4.

You may already be in the new system. If you have
a current pass, scholarship, or staff have already
entered your information. To check, follow these
steps:

Step 1: Go to the www.seattle.gov/parks and click
on Sign Up for Classes and Programs
Step 2: Click on 'Sign In'.
Step 3: Click on 'Forgot Password' and enter your
email address to have your login
information sent to you.

If you do not already have an account, follow the
steps below to set up an account:

Step 1: Go to the www.seattle.gov/parks and click
on Sign Up for Classes and Programs
Step 2: Click on 'Create Account'.
Step 3: Complete your information!

If you have any questions about creating a new
account, please reach out to your local Community
Center directly. Once you have an account, you
may call Miller Community Center, stop by, or
register and pay online. If you register online,
please email the community center coordinator
who your child's classroom teacher is and where
your child will be going after class. Registration is
open for all classes until the day prior to the start
of class. Remember: All students need a Participant
Information and Authorization E-13 form prior to
participating in any after-school classes.

Scholarship:
To apply for a scholarship, complete and return a
scholarship application to the community center.
Applications can be found in the Lowell main office,
Miller CC, or can be downloaded at bit.ly/
sprscholarships. Scholarship award and co-payment
will be determined based on income qualification
and fund availability.

Refund Policy:
It is the policy of Seattle Parks and Recreation and
the Associated Recreation Council that:
• Anyone who registers for a class that is cancelled
for any reason will receive a full refund.
• DROPPING A PROGRAM BEFORE THE SECOND
SESSION: A participant may be issued a refund if
he/she withdraws from a program, and notifies the
program coordinator, prior to the second class
session. The facility will retain the pro-rated class fee
plus a service charge of $5 or 10% of the fee,
whichever is greater.
• DROPPING A PROGRAM AFTER THE SECOND
SESSION: If a participant withdraws from a program
after the second session of a series, no refund will be
given.
• CANCELLATION OF ONE SESSION: In the event of an
unplanned cancellation of a single session, that class
will be rescheduled, and If it cannot be rescheduled,
the participant will receive a refund.
• For full details of the Department’s Refund Policy,
please see Policy Number 060-P 7.16 under
PROGRAM which can be found here: http://
www.seattle.gov/Documents/Departments/
ParksAndRecreation/PoliciesPlanning/
RefundPolicy.pdf

OH NO! My class got cancelled!
Most classes require a minimum of 6 participants in
order to be financially sustainable. We do our best to
avoid cancelling classes. However, classes that do not
meet minimum enrollment requirement are cancelled
prior to their start date. We do prorate class fees to
reflect late registration for classes that meet minimum
enrollment requirement prior to their start dates.

PLEASE REGISTER EARLY!

Snack and Clothing:
The After School Enrichment Program will provide a
snack for each student. Please send your children with
clothing appropriate for their classes.

Behavior:
We have the expectation of respect for teachers/
instructors and good behavior during classes. Students
are expected to maintain the same behavioral
standards that they would during the formal school
day. If an instructor determines this is not the case the
following steps will be taken:
• At the first incident, the Program Administrator will
contact parents/guardians regarding student
behavior.
• The student will be given one trial class to improve.
• If the disruptive behavior continues, the student will
be removed from class.
The program is unable to issue a refund if the student
is removed from a class due to a behavioral issue.
Please discuss enrollment with your child to be sure
they want to attend an after school class.

Picking up Your Child:
Your child must be picked up on time. Our program
does not provide childcare after class is over and the
playground is not supervised at that time. If your child
is picked up late, you will be charged $1/minute for
every minute past your pick up time that you are late.
Please call the Program Administrator if you are going
to be late. Your student can only be picked up by
persons listed on the E-13 form.
### What You Need to Know Continued

**Absences/Changes:**
Please contact the Program Administrator as soon as possible with any of the following:
1. Your student will not be attending class (but was at school).
2. Your student was absent from school and will not be attending the After School Program.

**Questions/Concerns:**
Once a class has begun, if you have any issues or concerns regarding a class, please contact the Program Administrator, or email the Community Center Coordinator. The Program Administrator will be on-site and available during program hours all quarter.

**Inclement Weather and City Wide Emergencies:** Please call our CHILD CARE/ENRICHMENT HOTLINE: 206-684-4203. This is a 24-hour line giving information about program closures due to extreme weather or emergencies. It is updated each day by 6 a.m. and as needed.

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### Winter 2019 Class Session: 1/14-4/5

The Lowell after-school Enrichment program is run by Garfield Community Center in partnership with the Associated Recreation Council. Please contact your Program Administrator if you have any program questions. Thank you!

**Miller Community Center**  
206-684-4753  
330 19th Ave. E  
Seattle, WA 98112

**Program Administrator**  
Tiffany Flye  
206-849-9181

<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 weeks (No class 1/21 and 2/18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Session 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digital Photography</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$170</td>
<td>10430</td>
</tr>
<tr>
<td>Spanish Adventure</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$150</td>
<td>10431</td>
</tr>
<tr>
<td><strong>Session 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Sports</td>
<td>4:45-5:45 p.m.</td>
<td>K-5</td>
<td>$110</td>
<td>15041</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUESDAYS</th>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 weeks (No class 2/19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Session 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colossal Chemistry</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$165</td>
<td>10422</td>
</tr>
<tr>
<td>Flag Football</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$120</td>
<td>15042</td>
</tr>
<tr>
<td><strong>Session 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comic Creations</td>
<td>4:45-5:45 p.m.</td>
<td>K-5</td>
<td>$135</td>
<td>10434</td>
</tr>
</tbody>
</table>
## Winter 2019 Class Session: 1/14-4/5

### WEDNESDAYS
10 weeks (No class 1/30 and 2/20)

<table>
<thead>
<tr>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art Discovery</td>
<td>2:20-3:50 p.m.</td>
<td>K-5</td>
<td>$150</td>
</tr>
<tr>
<td>Chess Club</td>
<td>2:20-3:50 p.m.</td>
<td>K-5</td>
<td>$150</td>
</tr>
</tbody>
</table>

### Session 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor Soccer</td>
<td>4-5 p.m.</td>
<td>K-5</td>
<td>$130</td>
</tr>
</tbody>
</table>

### THURSDAYS
11 weeks (No class 2/21)

<table>
<thead>
<tr>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build it, LEGO® Challenge!</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$150</td>
</tr>
<tr>
<td>No-Bake Cooking</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$175</td>
</tr>
</tbody>
</table>

### Session 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch It!</td>
<td>4:45-5:45 p.m.</td>
<td>K-5</td>
<td>$165</td>
</tr>
</tbody>
</table>

### FRIDAYS
11 weeks (No class 2/22)

<table>
<thead>
<tr>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theater Improv</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$155</td>
</tr>
<tr>
<td>STEM Explorations</td>
<td>3:35-4:35 p.m.</td>
<td>K-5</td>
<td>$165</td>
</tr>
</tbody>
</table>

### Session 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Grades</th>
<th>Price</th>
<th>Barcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messy Matter</td>
<td>4:45-5:45 p.m.</td>
<td>K-5</td>
<td>$165</td>
</tr>
</tbody>
</table>

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**Help Wanted!**

Are you interested in assisting with an Enrichment class or teaching one of your own? We’d love your help!

Contact Tiffany Flye for more information
email: tiffany.flye@seattle.gov, ph: 206-849-9181

Course pricing is based on contractual agreements, number of class days and supply costs.
Register early so your child’s favorite classes run!

Classes can be canceled if class minimums are not met.
Launch It!
3…2…1… BLASTOFF! Learn about the physics behind rocket launching! This class will teach the concepts of forces and motion through tactile and projectile creations. Students will have the opportunity to design and launch rockets of their own!

Messy Matter
Liquids, solids, and gas, surround us. In this class your child will get to do hands-on science experiments to learn about the matter around us! They’ll see what happens to soda pop gas in a balloon and more.

No-Bake Cooking
Perfect for beginners! In this oven-less class your child will experience the joys of cooking and eating their own creations. Students will be allowed to take home their food creations at the end of every class.

Spanish Adventure
Kick your child’s Spanish speaking skills up to a whole new level in this interactive foreign language class. By adding a spice of Spanish flair to our environment, we create an interactive and accessible way to learn and implement the Spanish language in everyday life!

STEM Explorations
Students will work on a variety of exciting, hands on engineering challenges each week. Some of the challenges include making marshmallow towers, popsicle stick bridges, catapults, and more!

Theater Improv
Through theater games and exercises, your child will explore how actors use their bodies, voices, and imaginations to tell stories and create characters. Whether they are new to the stage or consider themselves a veteran performer there will be something for everyone.
Lowell

After School Enrichment
Cover Sheet

Winter Class Session: 1/14-4/5

Miller Community Center: 330 19th Ave. E, Seattle, WA 98112
Phone: 206-684-4753
Program Administrator: Tiffany Flye, tiffany.flye@seattle.gov

Student Names: ___________________________________________  Parent/Guardian: ____________________________________

Grade and Teacher: _________________________________________  Age/DOB: ________________________________________

Phone Number/s: __________________________________________  Email: ___________________________________________

To sign up online at the Seattle Parks and Recreation website (SPARC), go to https://class.seattle.gov/parks

This form must be turned in to the community center, turning it in to the school does not register your child for any class(es).

<table>
<thead>
<tr>
<th>Class Name</th>
<th>Barcode #</th>
<th>Day</th>
<th>Fee</th>
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</thead>
<tbody>
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</tbody>
</table>

Total Due:

After class my child will:

______ Get picked up by approved parent/guardian or nanny.

______ Other ________________________________

All students must also turn in a completed E-13 Participant Information and Authorization form to be registered.
2019 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to help staff meet the needs of your child. Please fill out all sections completely (mark N/A if a section does not apply) and sign initial where indicated. Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

<table>
<thead>
<tr>
<th>Child's Name (First and Last)</th>
<th>Age</th>
<th>❑ Boy</th>
<th>❑ Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birthdate</td>
<td>School</td>
<td>Grade</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name (First and Last)</td>
<td>Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Other Phone</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Address (if different than above)</td>
<td>City</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Relationship to Child</td>
<td>❑ Parent</td>
<td>❑ Guardian</td>
<td>❑ Foster Parent</td>
</tr>
</tbody>
</table>

GENERAL AUTHORIZATIONS AND INFORMATION

1. My child has previously attended a Seattle Parks and Recreation School Age Care Program. ❑ No ❑ Yes - Location: _________

2. My child has permission to attend field trips as posted in activity schedule, by means of walking, public bus, department van, yellow bus. (YES) Initial Here (NO) Initial Here

3. My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. Swimming Ability: ❑ Non Swimmer ❑ Beginner ❑ Intermediate ❑ Advanced (YES) Initial Here (NO) Initial Here

4. I will provide sunscreen and my child may apply it _________ times during the day. (YES) Initial Here (NO) Initial Here

5. Photographs (still and video) of your child may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications. If you DO NOT agree Initial Here _________ (Do NOT use photographs of my child)

6. LEGAL DOCUMENTATION: Information for your child about parenting plan or current restraining order issued by a legal authority in the State of Washington:

PARENTING PLAN

❑ YES ❑ NO Expiration Date: ____________

If yes, provide copy of child's program file.

RESTRAINING ORDER

❑ YES ❑ NO Expiration Date: ____________

If yes, provide copy of child's program file.

EMERGENCY CONTACTS (Also authorized for participant pick-up) Please list secondary contacts if we cannot reach you.

<table>
<thead>
<tr>
<th>1) Contact Name (First and Last)</th>
<th>Relationship</th>
<th>Cell Phone</th>
<th>Other Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Email</td>
<td>Address</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2) Contact Name (First and Last)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Email</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
</tr>
</tbody>
</table>

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

List all individuals authorized to pick up your child. If an individual is not listed, your child will not be released. No voice authorization for pick-up accepted.

<table>
<thead>
<tr>
<th>1) Name</th>
<th>Relationship</th>
<th>Cell Phone</th>
<th>Other Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2) Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3) Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

CHILD SIGN-IN AND SIGN-OUT PROCEDURES (WAC 170-237-2025)

The parent or authorized person to take the child to and from the program site shall sign in the child on arrival and sign out the child at departure using a full legal signature. When the child leaves the program site to attend school or other off-site activities as authorized by the parent, staff shall sign out the child and sign in the child upon return to the program.

(Supplemental Forms: B-46, B-47, Forms A & F)
### Medical History and Authorization Information

My child experiences the following: *Please CHECK all that apply or None*. Additional forms are required prior to your child attending if medical conditions are checked. Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- [ ] None
- [ ] ADD
- [ ] ADHD
- [ ] Allergies
- [ ] Asthma
- [ ] Autism Spectrum Disorder
- [ ] PTSD
- [ ] Behavior Disorder
- [ ] Diabetes
- [ ] History of Seizures
- [ ] Hearing Impairment/Deaf
- [ ] Visual Impairment
- [ ] Learning Disability
- [ ] Physical Disability
- [ ] Dev. Disability
- [ ] Sensory Processing Disorder/Integration Dysfunction
- [ ] Mental Disability

**Type:**

My child has the following behavioral issues which staff should be aware:  

- [ ] None
- [ ] I handle these behaviors in the following way:

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

<table>
<thead>
<tr>
<th>Child’s Name (First and Last)</th>
<th>Age</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Provider (First and Last)</td>
<td>Dental Provider (First and Last)</td>
<td></td>
</tr>
<tr>
<td>Address, City, Zip Code</td>
<td>Address, City, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Date of Last Physical Exam: Month _____ Year _____</td>
<td>Date of Last Dental Exam: Month _____ Year _____</td>
<td></td>
</tr>
</tbody>
</table>

If you do not have a medical provider, in case of injury or incident, what is your plan:

If you do not have a dental provider, in case of injury or incident, what is your plan:

Preferred Hospital for Treatment:

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child’s accident or illness. I also assume full financial responsibility for emergency treatment for my child.

Initial Here ______

**Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

In consideration of my minor child (“the Minor”) being permitted to participate in any way in the Event(s), I agree:

I know the nature of the Event(s) and the Minor’s experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, including negligence of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death (“risks”). Even understanding these risks I consent to the Minor’s participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasers: the City of Seattle, its employees and volunteers, officers and agents. My acceptance of these risks includes releasing and agreeing not to sue the releasers. I also agree to indemnify and save and hold harmless the releasers and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasers identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasers or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.

____________________________
Signature of Parent or Guardian

____________________________
Printed Name of Parent or Guardian

____________________________
Date