



Kishami Academy LLC

Teaching you into a better future

Kishami Academy Program Liability Waiver

I, _____ release and forever discharge Kishami Academy LLC, Watford Wellness Works, and Rachel Widgren, from any and all liability claims and demands with respect to bodily injury, personal injury, illness, or changes in symptoms that may result from academic activities.

Please read and initial the following statements:

- _____ 1) I understand that Kishami Academy is an independent school and that Rachel Widgren does not have Colorado Department of Education oversight or insurance coverage.
- _____ 2) I understand that Kishami Academy is continually researching and educating the staff in new developments and programs to help clients grow as a whole being: physically, mentally, emotionally, and academically.
- _____ 3) I understand that I/my student will be instructed on safety precautions and rules meant to keep me/them safe in all aspects of the program and that
- _____ 4) I/my student is held responsible for following these instructions to maintain their own safety.
- _____ 5) I understand that a part of Kishami Academy LLC educational programs involves frequent field trips to Memorial Park, Pikes Peak Library District, and periodic activities outside of the school building.
- _____ 6) I understand that Kishami Academy primarily makes use of teacher vehicles for transportation and may occasionally use the Mountain Metro Transit System.

By signing this document, I aver that I have read, initialed, and understand each item above.

Client/Parent/Guardian Name: _____ Date _____

Client/Parent/Guardian Signature: _____

2011 E Platte Ave.
Colorado Springs, CO 80909
661-236-6116 (Text Preferred)
kishamiacademy@gmail.com

Rachel Widgren
Owner & Head Teacher