

**FRIENDZONE, INC. PROGRAM
ENROLLMENT AGREEMENT**

RELEASE OF LIABILITY/INDEMNIFICATION

I hereby release, discharge, covenant not to sue and agree to hold harmless Friendzone, Inc., its shareholders, directors, agents, officers, employees and assigns (collectively, the "Releasees") from all liability, claims, demands, losses, or damages caused or alleged in whole or in part by any act or omission of the Releasees in connection with the Friendzone, Inc. Program, and further agree that if, despite this release, I or my heirs, successors or assigns makes a claim against any of the Releasees named above, I, my heirs, successors or assigns will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorneys' fees, loss liability, damage or cost any may incur as the result of such claim.

I further agree to indemnify, defend, save and hold harmless the Releasees and assume the costs of the defense of Releasees for any claim of whatsoever nature including, without limitation, claims for breach of contract or personal injury, asserted as a result of my actions or the actions of my child.

Parent/Guardian Signature

SERVICES

The goal of the Friendzone, Inc. Program is to assist participants in their social development and help them to improve their every day interaction with their peers, families and other relational groups. The service providers at the Friendzone, Inc. Program will instruct, advise, support and encourage the participant to interact in an appropriate social manner with the other participants.

The Friendzone, Inc. Program service providers are not medical professionals and will not diagnose or treat participants for mental, emotional or nervous behavioral disorders.

PAYMENT TERMS

Full payment, in the amount of \$_____, shall be made at the time of registration, concurrently with the signing of this Enrollment Agreement. All fees paid are non-refundable. All payments must be made by either cash or personal check. In the event of a check is returned for insufficient funds or otherwise you will be responsible for all bank charges incurred and required to make all subsequent payments in cash.

TERMINATION

Friendzone, Inc. reserves the right to suspend or terminate any Friendzone, Inc. Program participant without notice, should it be deemed necessary for the overall safety and well-being of the service providers or other Friendzone, Inc. participants.

TERM/HOURS OF OPERATION

The Friendzone, Inc. Program dates, days and hours are as follows:

Friendzone, Inc. Holidays will include the following days:

MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	
City:	Zip:
Medical Ins. #:	Child's Personal ID #:
Allergies:	
Medical Problems:	
Medication:	

EMERGENCY CONSENT:

It is the policy of Friendzone, Inc. to notify a parent when a child is ill or in need of medical attention. Occasionally, we cannot contact a parent and may need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF FRIENDZONE, INC. WHEN I/WE CANNOT BE CONTACTED, I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT OR OTHER MEDICAL CARE IN CONNECTION WITH SUCH ILLNESS OR INJURY.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

PARTICIPANT'S INFORMATION

CHILD'S NAME		FIRST	M.I.	LAST	
ADDRESS	STREET	CHILD'S PERSONAL INFORMATION		HOME PHONE ()	
	CITY			APT. #	SEX MALE FEMALE
	STATE			ZIP	DATE OF BIRTH / /
				CURRENT GRADE IN SCHOOL	

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME		FIRST	LAST	
ADDRESS	STREET	PHONE	HOME PHONE ()	
	CITY		APT. #	WORK PHONE ()
	STATE		ZIP	CELLULAR ()
			EMAIL	

FATHER'S NAME		FIRST	LAST	
ADDRESS	STREET	PHONE	HOME PHONE ()	
	CITY		APT. #	WORK PHONE ()
	STATE		ZIP	CELLULAR ()
			EMAIL	

EMERGENCY CONTACT INFORMATION (PLEASE LIST TWO CONTACTS)

NAME		FIRST	LAST	
ADDRESS	STREET	PHONE	HOME PHONE ()	
	CITY		APT. #	WORK PHONE ()
	STATE		ZIP	CELLULAR ()
			EMAIL	

NAME		FIRST	LAST	
ADDRESS	STREET	PHONE	HOME PHONE ()	
	CITY		APT. #	WORK PHONE ()
	STATE		ZIP	CELLULAR ()
			EMAIL	

The following individuals, in addition to the parent/guardian(s) listed above, are authorized to pick up my child:
