

ALLIED RESOURCES FOR KIDS. INC

At

# Salem Building Arts Center

225 E Broadway, Salem, NJ 08079 | (856)-956-1010

## LIABILITY WAIVER AND RELEASE FORM Summer Academy

**Location:**

Salem Building Arts Center (SBAC)  
225 East Broadway, Salem, NJ

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:**

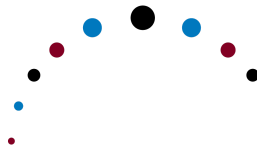
(\_\_\_\_) \_\_\_\_\_

**Email Address:**

**Emergency Contact:**

**Phone Number:**

(\_\_\_\_) \_\_\_\_\_



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### LIABILITY WAIVER

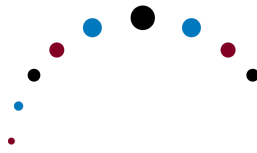
**Summer Academy** held at the **Salem Building Arts Center (SBAC)** is entirely voluntary. I acknowledge that I am aware of the potential risks involved with participating in this event which may include, but are not limited to, the use of material and or the consumption of food or drinks.

I hereby release, waive, discharge, and hold harmless (SBAC), and or **Allied Resources for Kids. INC.** their directors, officers, employees, instructors, agents, and volunteers from any and all claims, liabilities, demands, or causes of action that may arise out of or related to any injury, loss, or damage to my person or property, whether caused by negligence or otherwise, as a result of my participation in the Music Bingo event..

I understand that **ARK** and **SUFS** do not provide accident or medical insurance, and I am responsible for any medical costs I may incur as a result of participation in this event.

### ASSUMPTION OF RISK:

I voluntarily assume all risks of injury, death, or damage to property that may arise from my participation in this event. I understand that eating or using said materials may involve inherent risks, and I assume full responsibility for my personal safety and well-being during all activities related to the event.



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### PHOTOGRAPHY/VIDEO RELEASE (Optional):

I grant permission to **ARK** and **SBAC** to use photographs or videos of me taken during the event for promotional or educational purposes.

- Yes
- No

### SIGNATURE:

By signing this form, I acknowledge that I have read, understood, and agree to the terms of this Liability Waiver and Release. I understand that my participation in the event is voluntary and that this waiver applies to the Bingo Event that begins **July 6, 2026**

**Participant Signature:** \_\_\_\_\_

**Date:**

Please return this signed form prior to participating in the Academy

Thank you!

*Melissa Payne-Skinner*

Director of SBAC