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Bienvenido a...

SunSpanish

After-school help

We at SunSpanish are happy to help with Spanish classes!

Tutoring open to Middle-school and High-School students and held in our classrooms in Kentfield.

Below are further details about the service. To enroll, please fill out the requested information on the next page and return it to us before your student's first day attending the program. Forms can be dropped off in our reception or mailed via USPS:

925 Sir Francis Drake Blvd., Kentfield, CA 94904

DATE, TIME, AND LOCATION

The **group** class program is called **After-School Tutoring** and runs from 3:00-6:00 PM on Mondays, Tuesdays, Wednesdays and Thursdays (Not on Fridays). Saturdays tutoring runs from 9:00am to 12:00 noon. Students may choose and register on our school calendar their own hour within that interval.

The one-on-one **private** class program calendar varies and runs from 9:00 AM up to 3:00 PM on Mondays, Tuesdays, Wednesdays, Thursdays and Fridays. Saturdays tutoring runs from 9:00am to 12:00 noon. Please note that the school closes at 6:00 PM. on weekdays and 12 noon on Saturdays

Families must register their students ahead of time for a minimum of three months and a maximum of six months. Longer enrollment commitments offer more economical pricing.

WAIVER OF LIABILITY

Please sign and submit for our records the enclosed release of liability form as required to participate in class. SunSpanish, The Owner Jacek W. Machnowski, the Tutors and any other contributing parties will make at all times their best attempt to provide a safe, healthy and respectful experience at the school premisses for your students. Classes and tutoring will be provided and monitored by experienced educators.

QUESTIONS?

Contact Jacek W. Machnowski Sr, After-school Coordinator:
by phone or text at: (415) 760 1134, or email at: sunspanish@gmail.com



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**PAGE 2 of 6
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AFTER-SCHOOL TUTORING ENROLLMENT FORM GENERAL INFORMATION

STUDENT NAME: _____

SCHOOL ATTENDING: _____

GRADE / TEACHER'S NAME: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

HOME ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

HOME ADDRESS: _____

OTHER EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

OTHER EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____



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ATTENDANCE AND WEEKDAY PREFERENCE

I ANTICIPATE MY STUDENT WILL ATTEND AFTER-SCHOOL TUTORING:
This information will assist with staffing coordination

<input type="checkbox"/> Regularly on Mondays at	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Regularly on Tuesdays	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Regularly on Wednesdays	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Regularly on Thursdays	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Regularly on Saturdays	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Only once in a while, (on an as-needed basis)	<input type="checkbox"/> AM	<input type="checkbox"/> PM

TRANSPORTATION PLEASE SELECT ONE OF THE FOLLOWING:

I will pick up my student at _____ AM _____ PM (no later than 6:00 PM)

My student has permission to take public transportation home

My student is driving an automobile, bike or other similar means of transportation

DOES YOUR STUDENT HAVE ALLERGIES?

YES, my student is allergic to _____

NO

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR STUDENT?

SIGNATURE

I have read and understand the After-school class and tutoring enrollment program and agreement. SunSpanish has my permission to use photographs or Spanish tutoring related video clips of my student for identification, coordination and in the school promotional material.

PARENT/ GUARDIAN: _____

Date: _____

PARENT/ GUARDIAN: _____

Date: _____



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WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Spanish classes (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Jacek W. Machnowski, Sr / DBA SunSpanish.com, located at 925 Sir Francis Drake Blvd., Kentfield, California 94904, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Jacek W. Machnowski, Sr - DBA SunSpanish.com against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Jacek W. Machnowski, Sr - DBA SunSpanish.com incurs any of these types of expenses, I agree to reimburse Jacek W. Machnowski, Sr - DBA SunSpanish.com. I acknowledge that Jacek W. Machnowski, Sr - DBA SunSpanish.com and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Jacek W. Machnowski, Sr - DBA SunSpanish.com.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Jacek W. Machnowski, Sr - DBA SunSpanish.com AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING AN ACTION AGAINST Jacek W. Machnowski, Sr - DBA SunSpanish.com FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Jacek W. Machnowski, Sr - DBA SunSpanish.com, its agents, and employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health



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insurance. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness. This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the **Participant**, _____, and Jacek W. Machnowski, Sr / DBA SunSpanish.com agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the person(s) as indicated herein and in the registration form:

NAME: _____ **Phone:** () _____ - _____

NAME: _____ **Phone:** () _____ - _____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name: _____ **Participant's Address:** _____

Signature: _____ **Date:** _____ **Phone:** () _____ - _____

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent(s) or guardian(s), as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name: _____ **Relationship to Minor:** _____

Signature: _____ **Date:** _____

Parent / Guardian Name: _____ **Relationship to Minor:** _____

Signature: _____ **Date:** _____