

GLASTONBURY PARKS & RECREATION

PARENTAL CONSENT/OFF-SITE ACTIVITY
CAMP DISCOVERY EXPLORERS- SESSION 4

During off site activities, all staff attends with the children. If you do not want your child to participate in an off-site activity, do not send them on that day/time as there will be no supervision available on-site.

I hereby request and consent that my child _____, while a registered participant in the Camp Discovery program under the jurisdiction of the Parks and Recreation Department be permitted to participate in the off-site activities as initialed below:

Departure and return times are listed on the weekly calendar.

ACTIVITY	DAY	DATE	LOCATION	PARENT/GUARDIAN INITIAL
FIELD TRIPS:				
	Wed.	8/3	BOUNCE U	
	Thurs.	8/4	ESSEX STEAM TRAIN	_____
	Mon.	8/8	PLANETARIUM @GEHMS	_____ _____
	Wed.	8/10	MYSTIC TRAMPOLINE PARK	
	Fri.	8/12	COOKOUT @J.B. Williams	_____ _____

I understand that the activities are carried out under the direct sponsorship of the Camp Discovery Staff employed by the Parks & Recreation.

I also understand that while traveling to the above activities, the group will be accompanied by the Camp Discovery Staff. This consent shall remain in force until revoked by me with written notice to the Glastonbury Parks & Recreation Department.

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Address

Home Phone

Day Phone

Cell Phone

BounceU Waiver, Release, Hold Harmless, and Indemnification Agreement ver 13.08

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at BounceU the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following: 1: I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf. 2: I acknowledge and understand that there are known and unknown risks associated with participation in BounceU activities and the use of the play area, inflatable equipment and any and all other BounceU equipment, including but not limited to the Open Bounce and Open play, which include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death. 3: I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume. 4: I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any Open Bounce and/or any other open play event at BounceU. 5: I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive and indemnify the independent owner of this BounceU facility, BU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation, except for those arising from the gross negligence or willful misconduct of BounceU. 6: I additionally agree to indemnify the independent owner of this BounceU facility, BU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation, except for those arising from the gross negligence or willful misconduct of BounceU. 7: I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion. 8: I understand that entry, by myself and the participant(s) named, constitutes consent for BounceU to use any film, video, or likeness of participants for any purpose whatsoever, without payment to the participant. 9: The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. 10: Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim or dispute to binding arbitration in Maricopa County Arizona, before a single arbitrator in accordance with the rules of the American Arbitration Association then in effect.

_____ Participant Name	_____/_____/_____ Date of Birth	_____ Participant Name	_____/_____/_____ Date of Birth
_____ Participant Name	_____/_____/_____ Date of Birth	_____ Participant Name	_____/_____/_____ Date of Birth
_____ Parent/Guardian Name	_____ Parent/Guardian Signature		_____ Today's Date
_____ Emergency Contact Number	_____ Email Address (Optional)		

Text is Best: 860 779 7999

Phone: 860 245 4328

Email Next Best: TheTrampolinePlace@snet.net

THE TRAMPOLINE PLACE LLC

800 Flanders Road
Mystic, CT 06355

ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY 2016

As parents and/or legal guardians of (print students name) _____

We hereby consent to the aforementioned person participating in The Trampoline Place, llc program. **We recognize that potentially severe injuries, including, but not limited to, permanent paralysis or death can occur in any activity involving height or motion, including Trampoline.**

We understand that it is the express intent of The Trampoline Place, llc to promote safety guidelines to our child and, in consideration for allowing our child to use these facilities, we hereby forever release The Trampoline Place, llc, its officers, employees, teachers, coaches and all other associated personnel from all liability for any and all damages and injuries suffered by ourselves, our child, our relatives or other concerned individuals while under the instruction, supervision or control of The Trampoline Place, llc.

As legal guardians of the aforementioned person, we hereby agree to individually provide for the possible medical expenses, which may be incurred by us or our child as a result of any injury sustained while training at or performing for The Trampoline Place, llc.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent.

First Parent or Guardian Signature

Date

Print Name Here of Signature Above

Second Parent or Guardian Signature

Date

Print Name Here of Signature Above