

GLASTONBURY PARKS & RECREATION

PARENTAL CONSENT/OFF-SITE ACTIVITY

CAMP DISCOVERY TRAILBLAZERS- 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:				
	Tues.	8/2	ICE SKATING	
	Fri.	8/5	BLACK HALL OUTFITTERS	_____ _____
	Tues.	8/9	MYSTIC TRAMPOLINE PARK	
	Thurs.	8/11	PLANETARIUM @GEHMS	_____ _____
	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

RENTAL RELEASE OF LIABILITY



www.blackhalloffitters.com
P.O. BX 261, 132 SHORE RD, OLD LYME, CT 06371 (860) 434-9680

READ BEFORE SIGNING- Rev. 3/15/2013

In consideration of being allowed to participate in the Black Hall Outfitters, inc Paddle Sport Rental program, its related events and activities, I/we, the undersigned:

(please print all names)

acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Black Hall Outfitters, inc, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AM 18 YEARS OF AGE OR OLDER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ X _____
PARTICIPANT'S SIGNATURE Date signed PARTICIPANT'S SIGNATURE Date signed

X _____ X _____
PARTICIPANT'S SIGNATURE Date signed PARTICIPANT'S SIGNATURE Date signed

STREET ADDRESS • CITY • STATE

HOME TELEPHONE • CELL PHONE • EMAIL ADDRESS

EMERGENCY CONTACT: NAME (print) PHONE NUMBER

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement in or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARTICIPANT NAME(S) (print) PARENT/GUARDIAN SIGNATURE Date signed

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