

Teen Trip Series

Haunted Graveyard at Lake Compounce 10/25/19

Please Arrive by 4:30 p.m. for Pizza Dinner/Check In

Departure: 5:00 p.m. (We will take a school bus from Academy to Lake Compounce in Bristol, CT)

Arrival: 5:30 p.m. (Approximate)

Departure Time: 9:30 p.m. (A school bus will bring the group back to the Teen Center)

Return Time: 10:00 p.m. (Approximate)

Fee: \$35 (Includes Teen Center Admission Fee, Transportation, Admission to Haunted Graveyard and Amusement Rides, Pizza and Drinks).

This permission slip must be brought to the Teen Center by Thursday, October 24, 2019

Name of Participant

Address

Telephone

Emergency Contact

Telephone

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential).

I have read and understand the details of the **Lake Compounce field trip for Friday, 10/25/19**. Being of full age and in consideration of my/my child's participation in this program, I do hereby release and forever discharge the Town of Glastonbury and their agents and employees, their representatives, successors, and assignees, from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from my child's participation in this program.

Parent/Guardian Signature

Date

Teen Trip Series

AM Parkour 11/22/19

Please Arrive by 4:30 p.m. for Check In

Departure: 5:15 p.m. (We will take a school bus from Academy to AM Parkour in New Britain, CT)

Arrival: 5:45 p.m. (Approximate)

Departure Time: 8:30 p.m. (A school bus will bring the group back to the Teen Center)

Return Time: 9:00 p.m. (Approximate)

Fee: \$35 (Includes Teen Center Admission Fee, Transportation, AM Parkour Activities, Pizza and Drinks).

This permission slip and attached WAIVER must be brought to the Teen Center by Thursday, November 21, 2019

Name of Participant	Address	Telephone
Emergency Contact		Telephone

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential).

I have read and understand the details of the **AM Parkour field trip for Friday, 11/22/19**. Being of full age and in consideration of my/my child's participation in this program, I do hereby release and forever discharge the Town of Glastonbury and their agents and employees, their representatives, successors, and assignees, from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from my child's participation in this program.

Parent/Guardian Signature	Date
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AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of the instruction I will receive and for being allowed to participate in the activities of ADAPTIVE MOVEMENT PARKOUR ("AMP") and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby WAIVE, RELEASE, FOREVER DISCHARGE, and COVENANT NOT TO SUE AMP, its owners or operators of the facility, agents, representatives, employees, contractors, affiliated and guest instructors, members, students, participants, associations or member organizations, or any subdivisions thereof, executors, and all others acting on their behalf, in addition to owners and lessees of the premises used to conduct the activities, all for the purposes herein referred to as "RELEASEES," from any and all responsibilities or liability for any and all injuries or damages, and any claims or demands therefore on account of injury to person or property or resulting in death arising out of or resulting from my participation in any activities or my use of the facilities or equipment, whether caused by the past, present, or future NEGLIGENCE of the RELEASEES or otherwise.
(Initial _____)

2. I further agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them from any loss, liability, damage, or cost they may incur, by reason of liability imposed by law, including attorney's fees, because of personal injury or property damage, or resulting in death, arising out of or related to the instruction I receive, my participation in activities, and/or from the use of the facilities and equipment, whether caused by the past, present, or future NEGLIGENCE of the RELEASEES or otherwise.
(Initial _____)

3. I understand and I am aware that the instruction I will receive and the activities I will participate in involve strength, flexibility and aerobic exercise, physical contact by and between me and one or more of the RELEASEES; all activities which I understand can be potentially hazardous to myself and others. I also understand that the activities involve a risk of injury to person and property, and even death, and that I am voluntarily participating in these activities and voluntarily using the facilities and equipment despite the dangers involved. I also acknowledge that in lieu of signing this Agreement and Release of Liability I can decline becoming a student or affiliate at AMP and/or decline to participate or receive instruction.
(Initial _____)

4. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in the aforesaid activities. I also acknowledge that it has been advised that I undergo a physical examination and consultation with my physician as to my participation in the above physical activity. I hereby acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the activity without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of the facilities and equipment.
(Initial _____)

5. Photo/Video Clause: I understand that Video and or Photos may be taken during the course of practice in the gym. Participant waives all rights to such material and authorizes Adaptive Movement Parkour to use such Media in promotions and/or advertising at their own discretion. If, for any reason, you request not to be included in photos or videos, you must make a written request and submit it AMP admin.
(Initial _____)

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent Name (Printed)	Student Name (Printed)	
Parent or guardian's signature if minor	Student Signature	
Email Address	Phone Number	Date
Emergency Contact 1 Phone Number	Emergency Contact 2 Phone Number	

Where did you hear about us?

- | | | | | |
|---|--|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Facebook Page | <input type="checkbox"/> Yelp | <input type="checkbox"/> Groupon | <input type="checkbox"/> My CT Kids Website |
| <input type="checkbox"/> Google Advertisement | <input type="checkbox"/> Facebook Ad | <input type="checkbox"/> Auction | <input type="checkbox"/> Hula Frog | <input type="checkbox"/> Evensi |
| <input type="checkbox"/> News Article | <input type="checkbox"/> Birthday Party Invite | <input type="checkbox"/> Flyer | <input type="checkbox"/> Driving By | <input type="checkbox"/> Word of Mouth |

Teen Trip Series

Mall & Movie 12/13/19

Please Arrive by 4:30 p.m. for Check In

Departure: 5:00 p.m. (We will take a school bus from Academy to Buckland Mall then to Cinemark T Theaters in Manchester)

Arrival: 5:30 p.m. (Approximate)

Departure Time: 9:30 p.m. (A school bus will bring the group back to the Teen Center)

Return Time: 10:00 p.m. (Approximate)
Return time is subject to change based upon movie time

Fee: \$35 (includes Teen Center Admission Fee, Movie Admission, Pizza and Drinks - List of Eligible Movies Available the Night of the Trip)

This permission slip must be brought to the Teen Center by Thursday, December 12, 2019

Name of Participant

Address

Telephone

Emergency Contact

Telephone

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential).

I have read and understand the details of the **Mall and Movie field trip for Friday, 12/13/19.** Being of full age and in consideration of my/my child's participation in this program, I do hereby release and forever discharge the Town of Glastonbury and their agents and employees, their representatives, successors, and assignees, from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from my child's participation in this program.

Parent/Guardian Signature

Date