

# Teen Trip Series

All-In Adventures Escape Room on Friday, January 18, 2019

Departure: 5:00 p.m. (We will take a school bus from Academy to the Adventure Room in Middletown)

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

Departure Time: 7:30 p.m. (A school bus will bring the group back to the Academy Teen Center)

Pick-Up Time: 9:30 p.m. (Participants will use the Teen Center Until Pick-Up)

Fee: \$35 (Includes Teen Center Admission Fee, Adventure Room, Transportation and Subway)

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Parent/Guardian Name & Cell Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Contact & Cell Phone #

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential). **If the participant has any food allergies, please indicate:**

I have read and understand the details of the Teen Trip Series Trip to Adventure Room on Friday, January 18, 2019. 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

<b>Bread (Choose One)</b>	✓
White	
Wheat	
Italian Herb & Cheese	
Other	
<b>Meat (Choose One)</b>	✓
Ham	
Turkey	
Meatball	
Other	
<b>Cheese (Choose One)</b>	✓
American	
Provolone	
Cheddar	
Other	
<b>Toppings (Choose One)</b>	✓
Lettuce	
Tomatoes	
Onions	
Pickles	
Sweet Peppers	
<b>Condiments (Choose One)</b>	✓
Mayonnaise	
Mustard	
Other	

# Teen Trip Series

## Tubing @ Powder Ridge on Friday, February 1, 2019

Departure: 5:00 p.m. (We will take a school bus from Academy to Powder Ridge in Middlefield)

Arrival: 6:00 p.m. (Approximate)

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

Return Time: 9:30 p.m. (Approximate)

Fee: \$35 (Includes Teen Center Admission Fee, Tubing, Transportation and Pizza)

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**Please Return this Form to the Teen Center or Parks & Recreation Office no Later than Wednesday, January 30, 2019.**

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Name of Participant

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Parent/Guardian Name & Cell Phone #

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Address

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Emergency Contact Name & Cell Phone #

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential). **If the participant has any food allergies, please indicate:**

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I have read and understand the details of the Teen Trip Series Trip to Powder Ridge on Friday, February 1, 2019. 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.

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Parent/Guardian Signature

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Date

## READ VERY CAREFULLY BEFORE SIGNING

I/we, on behalf of myself, my children, my heirs, legal representatives, successors and assigns, (hereinafter "RELEASOR"), in consideration for being allowed by POWDER RIDGE MOUNTAIN PARK & RESORT to participate in a group program, do hereby release and agree to hold harmless and indemnify POWDER RIDGE MOUNTAIN PARK & RESORT, its employees, agents, servants, volunteers, directors, officers, shareholders and/or successors (hereinafter "RELEASEES") for all injury, damage or death resulting from risks inherent in the sports of skiing/snowboarding. RELEASOR knows that these inherent risks include, but are not limited to, the risks identified by the Conn. legislature in C.G.S. § 29-212 such as: variations in terrain and snow surfaces; collisions with other skiers; bare spots and/or ice; trees or other objects not within the confines of the trail or slope; conspicuously marked lift towers, or conspicuously placed lift towers; and loading, unloading or otherwise using a passenger tramway. RELEASOR acknowledges that these inherent risks, among others that may be encountered in a winter alpine environment could cause injuries, damages or death. RELEASOR knows that skiing/snowboarding are inherently hazardous sports, and that participants commonly and routinely injure themselves as a result of many causes unrelated to equipment. RELEASOR freely assumes the risk for all injuries, damages or death caused by or related to the risks inherent to skiing, riding and other snow sports. I/we agree to be at all times familiar with, and to follow, the Skier's Responsibility Code and to be familiar with, and to comply, with the RELEASEES' rules, policies and any special regulations.

RELEASOR hereby acknowledges that HELMETS ARE REQUIRED to be worn by all participants skiing/snowboarding at POWDER RIDGE MOUNTAIN PARK & RESORT and hereby agrees that my child will WEAR A HELMET AT ALL TIMES while skiing/snowboarding at the mountain. I agree that it is my sole responsibility to monitor and check the condition of my child's own helmet and ensure that it is properly fitted for his/her head and in good working condition. RELEASOR further acknowledges that rental helmets are available and agrees to rent a helmet and head sock from the mountain in the event that my child does not own one. RELEASOR further acknowledges that helmets are designed to reduce the risk of serious head injuries and will not eliminate all potential head injuries that may occur while skiing/snowboarding.

RELEASOR and Release agree that any claim by any party, except claims for indemnification, arising out of my participation in this activity shall be submitted for arbitration to the American Arbitration Association, and not by way of civil lawsuit filed in either the state or federal courts. Three arbitrators, including one neutral, shall be utilized. They shall decide if the injuries and damages claimed by RELEASOR arise out of risks inherent to snow tubing. I agree to abide by the arbitrators' decision, and refrain from pursuing damages by way of civil law suit, if it is determined by the arbitrators that my injuries or damages arose out of said inherent risks.

I agree that every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable on RELEASOR.

RELEASOR agrees to indemnify and hold harmless the RELEASEES for all defense costs, fees, settlements, judgments and the like, including attorney fees arising out of any claim that is related to injuries caused by the inherent risks.

**RELEASOR ACKNOWLEDGES THAT HE/SHE HAS BEEN ADEQUATELY NOTIFIED THAT CHILD PARTICIPANTS MAY SOMETIMES RIDE CHAIR LIFTS WITH OTHER CHILDREN OR NON-EMPLOYEE ADULTS, AND CONSENT TO THIS.**

This agreement represents the entire agreement between the parties, and it may not be altered or modified, except by written modification signed by the parties.

*I/we agree that, by signing this agreement, I am giving up legal rights, and freely chose to sign this agreement.*

### CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of \_\_\_\_\_ (Child). My Child is fit for the event, and I consent to my Child's participation. In the event that my child is injured or in need of medical treatment, I consent to the provision of such treatment. In the event that my child rents equipment, I authorize his/her teacher, chaperone or supervising adults to sign all rental forms if signatures are required. **I HAVE READ, AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** my heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES LISTED ABOVE FROM EVERY CLAIM AND ANY LIABILITY** arising out of risks inherent in this activity. I, likewise, promise not to sue the entities referenced above on my behalf of behalf of my Child. I agree to the indemnity terms set forth above and agree to the arbitration terms set forth above.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

**PARTICIPANT INFORMATION: PLEASE PRINT LEGIBLY:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female (circle)

# Teen Trip Series

## Adaptive Parkour on Friday, March 15, 2019

Departure: 5:00 p.m. (We will take a school bus from Academy to Adaptive Parkour in New Britain)

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

Departure Time: 9:00 p.m. (A school bus will bring the group back to the Academy Teen Center)

Return Time: 9:30 p.m. (Approximate)

Fee: \$35 (Includes Teen Center Admission Fee, Admission, Transportation and Pizza)

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**Please Return this Form to the Teen Center or Parks & Recreation Office no Later than Wednesday, March 13, 2019.**

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Name of Participant

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Parent/Guardian Name & Cell Phone #

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Address

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Emergency Contact Name & Cell Phone #

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential). **If the participant has any food allergies, please indicate:**

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I have read and understand the details of the Teen Trip Series Trip to Adaptive Parkour on Friday, March 15, 2019. 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.

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Parent/Guardian Signature

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Date

**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

## Nomads AdventureQuest on Friday April 5, 2019

Departure: 5:00 p.m. (We will take a school bus from Academy to Nomads in South Windsor)

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

Departure Time: 9:00 p.m. (A school bus will bring the group back to the Academy Teen Center)

Return Time: 9:30 p.m. (Approximate)

Fee: \$35 (Includes Teen Center Admission Fee, Nomads Activities and Pizza)

**Please Return this Form to the Teen Center or Parks & Recreation Office no Later than Wednesday, April 3, 2019.**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Parent/Guardian Name & Cell Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Contact Name & Cell Phone #

Please describe any special needs and/or medical concerns that we should be made aware of (all information will be kept confidential). **If the participant has any food allergies, please indicate:**

I have read and understand the details of the Teen Trip Series Trip to Nomads AdventureQuest on Friday, April 5, 2019. 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