

GLASTONBURY PARKS & RECREATION  
PARENTAL CONSENT/OFF-SITE ACTIVITY

# CAMP DISCOVERY EXPLORERS- SESSION 3

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:				
	Wednesday	July 24, 2019	<b>Cave Hill</b> Moodus, CT	_____
	Friday	July 26, 2019	<b>Jump On In</b> Newington, CT	_____
	Tuesday	July 30, 2019	<b>Quassy Amusement Park</b> Middlebury, CT	_____
	Monday	August 1, 2019	<b>J.B. Williams Park</b> Glastonbury, CT	_____
	Wednesday	August 2, 2019	<b>Addison Park</b> Glastonbury, CT	_____

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

\_\_\_\_\_  
Phone

## Jump On In Waiver and Electronic Waiver Sign-up Sheet

**Parent/Guardian Info:** (\* Indicates Required Fields)

I am a Parent or Legal Guardian. Please enter the information below.

Parent's First Name\*

Parent's Last Name\*

Email Address\*

Addr (req'd)\*      Street\*: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone (req'd)\*      Ph: \_\_\_\_\_

**Child 1:**

First\*

Last\*

Birthdate\*

**Child 2:**

First\*

Last\*

Birthdate\*

**Waiver:**

In consideration of being allowed to enter into the play area and/or participate in any parties, classes or programs at the Jump On In location, I, on my own behalf and on behalf of the minor(s) identified above, acknowledge, appreciate and agree that: I, as the parent/legal guardian, or adult entrusted to care, assume full responsibility for all participants listed above. I willingly agree to comply with the stated and customary terms, rules and conditions for participation. I recognize that the risk of possible injury, including but not limited to the potential for paralysis, death, emotional distress, monetary loss, or other damage to myself, or the and the above listed participants under my care, to property, or to third parties can occur in activities involving height or motion, including participation in and/or use of Jump On In parties, classes, programs and equipment. While particular rules, equipment and personal discipline reduce the risk, the risk does exist; and I knowingly and freely assume all risks to myself and the above participants, both known and unknown, even if arising from the negligence of other participants. Being fully aware of these dangers, I voluntarily consent to myself, the above listed minor(s) in my care participating in and using the Jump On In equipment, parties, classes and programs.

I certify that the participant(s) named above is(are) of physical ability to safely participate in any of the facility's activities without risk of injury to him/herself or other participants. In addition, if I observe any hazard, I will bring it to the attention of the nearest Jump On In representative immediately. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the above participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, Inc., JOI Franchising, LLC, any Jump On In franchisee and their officers, agents, employees, other participants, and sponsoring agencies ("JOI Party" or "JOI Parties") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and by signing or clicking Submit for my children, for all participants in my care and/or my spouse.

I also agree to the above conditions, should I decide to participate. I understand that this waiver will be valid and in force for a period of two years from today's date. I agree that any dispute will be settled by arbitration. In the event that I file an arbitration against any of the JOI Parties, I agree to solely do so in the state in which the JOI Party is located and I further agree that the substantive law of the state in which the JOI Party is located shall apply in that action without regard to conflict of the law rules in that state. I agree that if any portion of this waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my participant's participation in the programs or parties at Jump On In, I may be found to have waived my or the minor participant's right to maintain a lawsuit against the JOI Parties on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

Please include me in e-mailings for special offers, discounts, coupons, news, etc.

Accept      Decline

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