GLASTONBURY PARKS & RECREATION

PARENTAL CONSENT/OFF-SITE ACTIVITY CAMP DISCOVERY TRAILBLAZERS- SESSION 2

				t want your child to participa ervision available on-site.	te in an off-
I hereby request and the Camp Discovery participate in the off-	program und	der the jurisdiction		, while a registered pa ecreation Department be pe	
	Departure	and return time	es are listed on the	weekly calendar.	
ACTIVITY	DAY	DATE	LOCATION	PARENT/GUARDIAN	INITIAL
FIELD TRIPS:	Wednesday July 10, 2019		Hike Longo Open Glastonbury, CT	Space	
	Thursday	July 11, 2019	Sonny's Place Somers, CT		
	Tuesday	July 16, 2019	Indian River Kaya Clinton, CT	aking	
	Wednesday July 17, 2019		Launch Hartford, CT		
	Thursday	July 18, 2019	Ron-A-Roll Vernon, CT		
	Friday	July 19, 2019	Addison Park Glastonbury, CT		
employed by the Pa	rks & Recrea at while trave s consent sh	tion. ling to the above	activities, the group	ship of the Camp Discovery will be accompanied by the with written notice to the G	Camp
Parent/Guardian Name		Paren	ıt/Guardian Signatur	 e	
Parent/Guardian Address		Phone	 e		

Launch Trampoline Park Assumption of Risk, Waiver of Liability, And Indemnification Agreement ("Agreement")

Participant #:	First Name (Print)	Last Name (Print)	Birthdate
Participant 1:			
Participant 2:			
Participant 3:			
Participant 4:			

In consideration for gaining access to and use of Launch Trampoline Park CT LLC (d/b/a Launch Trampoline Park), a Connecticut limited liability company ("LTP"), property, facilities and services ("LTP Facilities and Services") and engaging in the use of and participation in the facilities and activities in and associated with LTP ("LTP Activities"), I the undersigned, on behalf of myself and my spouse, children, parents, legal wards, heirs, assigns, personal representatives, estate, and insurers, and on behalf of any Minor Participant listed above, agree as follows:

(Initial here) I am the Adult Participant and/or Parent/Guardian on behalf of a Minor Participant listed above and I hereby acknowledge, accept and agree that participation in LTP Activities, particularly the use of trampolines, inflatable "bounce houses", advanced and/or aerial obstacle course equipment, and rock climbing and bouldering features, involve known and unanticipated risks that could result in physical and/or emotional injury, which include but are not limited to broken bones, sprained or torn muscles or ligaments, paralysis, other bodily injury, or death, or property damage caused by myself, a Minor Participant, or a third party. I acknowledge that the above list is not inclusive of all possible risks associated with use of LTP Facilities and Services and participation in LTP Activities, and I agree that such list in no way limits the extent or reach of this Agreement. I acknowledge and understand that such risks cannot be eradicated without jeopardizing the core qualities of LTP Activities. I acknowledge that the aforementioned risk of physical and/or emotional injuries may also happen to an observer or bystander. I have received information to my satisfaction regarding the use of LTP Facilities and Services and participation in any and all LTP Activities and have had the opportunity to ask any and all questions I desired to ask. I understand the demands of LTP Activities are relative to my and/or Minor Participant(s)'s physical condition and skill level and acknowledge the types of injuries that may occur as a result of LTP Activities and the potential impact on an individual's well-being and lifestyle. I hereby agree that my access and access of a Minor Participant to LTP Facilities and Services and participation in LTP Activities is voluntary and that I knowingly assume all inherent risks.

(Initial here) In further consideration of access and use of LTP Facilities and Services and participation in LTP Activities, I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, on behalf of myself, my spouse, my heirs, legal wards, personal representatives, assigns, and Minor Participant(s) (collectively, "Releasing Parties") do hereby release, waive, and discharge LTP, its owners, directors, managers, officers, employees, affiliates, volunteers, independent contractors, equipment providers, and agents (collectively, "Protected Parties") from legal liability, claims, demands, and causes of action, whether the same is known or unknown, anticipated or not, arising from the ordinary negligence of LTP or Protected Parties, including personal and/or emotional injury or death from incidents or illnesses arising from participation in LTP Activities and any and all claims resulting from the damage to, loss of, or theft of property, and I, for myself and on behalf of Releasing Parties, further agree that except in the event of LTP's negligence and/or willful and wanton misconduct, I shall not bring any claims, demands, legal liability, and/or causes of action against LTP for any losses, whether economic or non-economic, due to property damage, personal and/or emotional injury or death sustained by me or Minor Participant(s) that are in any way associated with LTP Facilities and Services or LTP Activities. I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, further agree to hold harmless, release, discharge, defend, and indemnify LTP and Protected Parties (i.e., defend and pay any judgment and costs, including attorneys' fees and related expenses) from any and all claims of the Releasing Parties arising from injury or loss due to participation of myself or a Minor Participant at LTP (including claims arising from the inherent risks of LTP Activities and those arising from the ordinary negligence of LTP or Protected Parties). I further agree to hold harmless, defend, and indemnify LTP and Protected Parties against any and all claims of co-participants, rescuers, and others arising from conduct of myself or a Minor Participant in the course of my participation or Minor Participant(s)'s participation at LTP (including claims arising from the inherent risks of LTP activities and those arising from the ordinary negligence of LTP or Protected Parties). In the event any dispute arises, I, the Adult Participant and/or Parent/Guardian on behalf of Minor Participant, agree bring such dispute within one (1) year of the date of this Agreement and to engage in mediation to settle the dispute. Any agreement reached will be formalized by a written contractual agreement at that time. Should the issue not be resolved by mediation, I agree that all disputes, controversies, or claims arising out of my participation or Minor Participant(s)'s participation at LTP shall be submitted to binding arbitration in accordance with the applicable rules of the American Arbitration Association then in effect.

(Initial here) I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, hereby acknowledge, agree to and/or certify the following: I and/or Minor Participant is/are physically and emotionally able to participate in any and all LTP Activities without aid or assistance; I and/or Minor Participant am willing to assume the risk of any physical or medical condition I and/or Minor Participant may have; I have read all rules governing participation of myself or a Minor Participant in LTP Activities ("LTP Rules"), I have explained such rules to any Minor Participant(s) listed in this Agreement, and I understand that failure to follow all LTP Rules may result in the expulsion of myself and/or Minor Participant(s) listed in this Agreement from this LTP location; This Agreement supersedes any and all previous oral or written promises or agreements with LTP, this is the entire agreement between me and/or Minor Participant(S) and LTP, and that the Agreement cannot be modified or changed in any way by representations or statements by any agent or employee of LTP; I am at least eighteen (18) years old; I acknowledge it is my or a Minor Participant's duty to inform staff and cease exercise immediately if I or a Minor Participant feels any unusual discomfort or suffers any injury during participation and alert the staff to any rules violations or dangerous behavior of co-participants; I agree to inform LTP of any injury (even minor injuries) prior to leaving the LTP facility and agree to assume all costs of emergency medical care and transportation; I grant LTP the right, without limitation, to photograph, videotape and/or record me and/or a Minor Participant and authorize LTP to use any such photographs, images, or likenesses in LTP marketing and displays, regardless of media; and I expressly agree that the foregoing Agreement is intended to be as broad and inclusive as is permitted by applicable laws and that if any portion thereof is held void or unenforceable, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing this Agreement, I understand that I am giving up substantial rights, including my right to sue and any right to sue on behalf of Minor Participant(s), and I acknowledge I am signing the agreement freely, voluntarily, and intelligently, and with the full knowledge of its legal consequences. I intend my signature to be a complete and unconditional release of all liability due to ordinary negligence by LTP and the Protected

Parties to the greatest extent allowed by law. I been granted power of attorney to execute this have the authority to execute this Agreement or causes of action, services, fees, or similar expension.	Agreement on behalf of a parent or legal go behalf of another, I agree I shall be solely	uardian of such Minor Parti	cipant. In the event I do not	
Adult Participant's Signature or Signature of Parent/Guardian of Minor Participant(s)	Driver's License Number	Date	Date	
Please provide the following information for Adult Pa	articipant or Parent/Guardian of Minor Participar	nt(s) (Please Print):		
First Name:	Last Name:	Birthdate:		
Street Address:	City:	State:	Zip:	
Primary Phone Number:	Email Address:	Email Address:		
Emergency Contact:	Contact Phone Number:	Contact Phone Number:		
☐ Please check box if you would like to receive el	mail discounts and promotions at the above em	ail address.		
Agreement accepted by:	(LTP Employee)			

RELEASE OF LIABILITY - READ BEFORE SIGNING

events and activities, I/we, the undersigned:	ian River Kayak, LLC Paddle Sport Rental program, its related				
	orint all names)				
 acknowledge, appreciate, and agree that: 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, 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, 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, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS The Indian River Kayak, 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				
X	X PARTICIPANT'S SIGNATURE Date signed				
STREET ADDRESS	CITY STATE				
EMAIL ADDRESS	HOME or CELL PHONE				
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				

INDIAN RIVER KAYAK, LLC 58R COMMERCE STREET, CLINTON, CT 06413 (860) 664-3704