

TOWN OF EAST HAVEN YOUTH AND SOCIAL SERVICES

250 Main Street
East Haven, CT 06512
203-468-3396

**TEEN CENTER SKY ZONE FIELD TRIP PERMISSION SLIP
AND
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, _____, parent/guardian of _____ do hereby give permission for my child/dependent named above to participate in:

The Teen Center Sky Zone Field Trip on April 29, 2016.

(hereafter, "Activities" or "Activity").

I acknowledge that my child/dependent has voluntarily opted to participate in said activities, I consent to said participation, and I give my permission to have my child/dependent transported from the Joseph Melillo Middle School to the Sky Zone Indoor Trampoline Park, 305 North Colony Road, Wallingford, CT 06492 and back to the Joseph Melillo Middle School in connection with said activities.

I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS ACTIVITIES AND THAT MY CHILD/DEPENDENT COULD BE SERIOUSLY INJURED OR EVEN KILLED. MY CHILD/DEPENDENT IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER(S) INVOLVED, AND WE AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN, RESULTING FROM PARTICIPATING IN SAID ACTIVITIES.

Parent or Guardian's initials: _____

As consideration for being permitted by the Town to participate in the aforementioned activity and/or use the Town's premises and facilities, **I and my child/dependent forever release the Town and its respective subdivisions, departments, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my child/dependent, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, illness, death, or property damage, related to (i) my child's or dependent's participation in said activity, (ii) the negligence or other acts, whether or not directly connected to said activity, and however caused by any Releasee, or (iii) the condition of the premises where said activity will occur, whether or not I or my child/dependent am then participating in said activity.** I also agree that I, my child/dependent, my

assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, MY CHILD/DEPENDENT, AND THE TOWN AND SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF AND MY CHILD/DEPENDENT

I VERIFY THAT THE DANGERS OF THE ACTIVITIES AND THE SIGNIFICANCE OF THIS RELEASE AND WAIVER WERE EXPLAINED TO ME AND MY CHILD/DEPENDENT OR THAT I HAVE INDEPENDENTLY INVESTIGATED THEM AND BOTH I AND MY CHILD/DEPENDENT UNDERSTAND THEM.

PARENT OR GUARDIAN of

(name of child)

Signature of Parent/Guardian

Print Name

Date

Address