

April Vacation 2016 Registration

DATE: (Please check)

Tuesday April 19 9:30am-4:00pm
Lanes and Games Bowling

Wednesday April 20 10am-4:00pm
Rollerblading, Raymond Park/Pizza Party, and clay!

Thursday April 21 9:15am-4:00pm
Skyzone Trampoline Center: See separate flyer



Please drop-off and pick-up children at the Walker Street entrance. Bring a disposable lunch and beverage in a brown paper bag on Tuesday and Thursday. Weather permitting, we will walk to Raymond Street Park on Wednesday, and have a pizza lunch. Registration forms may be given to a staff member or left in the Community School mailbox at the G&P Main Office. Checks made out to "Community Schools"

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: Name _____ Phone _____

Please list any allergies that you child has, if they have an EPI pen, or an IEP:

*****Office Use Only*****

PAID \$ _____ DATE _____ CHECK# _____

Name on Check: _____

Linnaean Neighborhood Council and Community School

44 Linnaean Street Cambridge, MA 02138



Thursday April 21st, 2016

9:15am—4:00pm

\$40 per child

Fee includes transportation and admission

Deadline to Apply: Friday April 1st – Attached waiver must be completed at time of registration

Come join us in experiencing the world's first indoor trampoline park! Bring a disposable lunch and beverage, and weather permitting, we will eat lunch at nearby Sacramoni Park! Registration forms may be given to a staff member or left in the Community School mailbox at the G&P Main Office. Checks made out to "Community Schools"

Queries: Mary Ellen Breen (617) 349-6267

Child's Name: _____ Age _____ Grade _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: Name: _____ Phone: _____

Please list any allergies that your child has, if they have an EPI pen, or an

IEP: _____

OFFICE USE ONLY:

PAID: \$ _____ DATE: _____ CHECK # _____ CASH _____

NAME ON CHECK _____



Participant Agreement, Release and Liability Waiver (The Agreement) – Sky Zone Everett

Please print and fill out highlighted areas completely or complete electronically at www.skyzone.com/everett

Must be completed for participants under the age of 18 (Print up to four names/birthdates below of children of the SAME parent or legal guardian):		
Participant 1: Print First Name	Print Last Name	Birthdate
Participant 2: Print First Name	Print Last Name	Birthdate
Participant 3: Print First Name	Print Last Name	Birthdate
Participant 4: Print First Name	Print Last Name	Birthdate

In consideration for gaining access to 69 Norman Street Everett, MA 02149, (the "Location") and engaging the services of Jump City Everett, LLC or any other location within the state of Massachusetts d/b/a Sky Zone Indoor Trampoline Park, Jump City Holdings, LLC, RPSZ Construction, LLC, Sky Zone Franchise Group, LLC, Sky Zone, LLC, their agents, owners, officers, directors, representatives, assigns, affiliates, volunteers, participants, employees, insurers, and all other persons or entities acting in any capacity on their behalf, (herein after collectively referred to as "SZITP"), I on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

_____(Initial Here) I acknowledge that my participation in SZITP trampoline games or activities entails known and unanticipated risks that could result in physical or emotional injury including, but not limited to broken bones, sprained or torn ligaments, paralysis, death, or other bodily injury or property damage to myself my child(ren), or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree and promise to accept and assume all of the risks existing in this activity. My and/or my child(ren)'s participation in this activity is purely voluntary and I elect to participate, or allow my children to participate in spite of the risks. If I and/or my child(ren) are injured, I acknowledge that I or my child(ren) may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurer(s). I hereby represent and affirm that I have adequate and appropriate insurance to provide coverage for such medical expense. I UNDERSTAND AND AGREE THAT SZITP WILL NOT PAY FOR ANY COST OR EXPENSES INCURRED BY ME IF I AND/OR MY CHILD ARE INJURED UNLESS SUCH INJURY WAS CAUSED BY GREATER THAN ORDINARY NEGLIGENCE OF SZITP. In consideration of SZITP allowing my participation in trampoline games or activities, I for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or assigns, do agree to hold harmless, release and discharge SZITP of and from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to SZITP's ordinary negligence: and I, for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or any assigns, further agree that except in the event of SZITP's gross negligence and willfull and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against SZITP for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child(ren) that are in any way associated with SZITP trampoline games or activities. Should SZITP or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I for myself and on behalf of my child(ren), and/or legal ward, heirs, administrators, personal representatives or assigns, agree to indemnify and hold them harmless for all such fees and costs.

_____(Initial Here) . I certify that I and/or my children are physically able to participate in all activities at the Location without aid or assistance. I further certify that I am willing to assume the risk of any medical or physical condition that I and/or my children may have. I acknowledge that I have read the rules, (the "SZITP Rules") governing my and/or my child(ren)'s participation in any activities at the Location. I certify that I have explained the SZITP Rules to the child(ren) listed in this waiver. I understand that the SZITP Rules have been implemented for the safety of all guests at the Location, including myself and/or my child(ren). I acknowledge that failure to follow the rules could result in the expulsion of myself and/or my child(ren) from the Location. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. If there are any disputes regarding this agreement, I on behalf of myself and/or my child(ren) hereby waive any right I and/or my child(ren) may have to a trial and agree that such dispute shall be brought within one year of the date of this Agreement and will be determined by binding arbitration before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures. I further agree that the arbitration will take place solely in the state of Massachusetts and that the substantive law of Massachusetts shall apply.

I further grant SZITP the right, without reservation or limitation, to videotape, and/or record me and/or my child(ren) on closed circuit television.

I further grant SZITP the right, without reservation or limitation, to photograph, videotape, and/or record me and/or my child(ren) and to use my or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials. I would like to receive free email promotions and discounts to the email address provided below. I may unsubscribe from emails from Sky Zone at any time.

By signing this document, I acknowledge on behalf of myself and the participants listed in this Agreement (collectively, "Participant") that if any Participant is hurt or property is damaged during the Participant's participation in this activity, pursuant to this Agreement, the Participant has waived the right to maintain a lawsuit against SZITP on the basis of any claim from which the Participant has released SZITP herein. I further acknowledge that I have had sufficient opportunity to read this entire document. I understand this Agreement and I, on behalf of myself and the participants listed in the Agreement, voluntarily agree to be bound by its terms.

I further certify that I am the parent or legal guardian of the child(ren) listed above on this Agreement or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) listed above. In the event that I do not have the requisite authority to sign this Agreement on behalf of the child(ren) listed above, I agree that I shall be solely liable for any and all actions, causes of actions, penalties, claims, costs, services, compensation or the like resulting from this misrepresentation. I agree to be contractually bound by this certification.

Parent/Legal Guardian/Participant's Signature (18 or older)

Date

Parent/Guardian/Participant (if over 18): Print First Name		Print Last Name		Birth date	
Print Street Address		Apt. #	Print City		Print State
Cell Phone		Emergency Contact Number		Email	
ZIP					

Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.

Waiver accepted by _____ (SZITP Employee)