

# PARENTAL PERMISSION & EMERGENCY MEDICAL TREATMENT SLIP

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Special Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Handicaps/Disorders/Diseases/Restrictions \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ (should be up to date)

Health Insurance Company & Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In case of medical emergency, I hereby give permission to the physician selected by the chaperone(s) in charge to hospitalize, secure proper treatment for, and to authorize transportation, anesthesia or surgery for my child, as named on this form. I certify that the child is in good physical condition and is able to participate in the entire program other than any activities listed as restricted above.

I give Falmouth Baptist Church permission for my child to take part in the **Word of Life REVERB, in Providence, RI**, departing Buzzards Bay, MA on **November 22, 2019 at 5:00 p.m.** and returning **November 23, 2019 at 7:30 a.m.** I further agree to hold Falmouth Baptist Church and its agents harmless and to indemnify them against all losses, liability, claims, or expenses including fines, penalties, and attorney's fees due to any alleged injury to my child incurred in connection with the operation of the trip and transportation thereto and therefrom. I also assume the responsibility of any damages caused or expenses incurred by my child.

I grant to Falmouth Baptist Church, its representatives and employees the right to take photographs, video and/or audio recordings of my child(ren) and my property in connection with the above-identified subject. I authorize Falmouth Baptist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Falmouth Baptist Church may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I understand that no other personal information such as my child's name or other personal identifier will be used and my child's photograph, video, or audio recording will be removed from any form of media immediately upon request. Falmouth Baptist Church values the opportunity to feature our church family in various media/publications; however we respect that some parents may not wish to have themselves or their child appear in any church-related publication. We will honor your instructions when planning our publications.

I further give permission for the chaperone(s) to send my child home via bus, taxi or public transportation at my expense if he/she is determined by the chaperone(s) to have disobeyed instructions, or participated in any illegal, immoral, or improper conduct. The decision to transport a child home will be solely at the discretion of the chaperone(s). All expenses will be borne by the undersigned legal parent or guardian.

Signature of Parent of Legal Guardian \_\_\_\_\_

Printed name of above signed individual \_\_\_\_\_

**STUDENT COVENANT FOR  
2019 Word of Life  
REVERB**

**I AGREE TO:**

- **USE THE SAME-SEX BUDDY SYSTEM AT ALL TIMES**
- **COMPLY WITH THE REQUESTS OF THE ADULT CHAPERONES**
- **RESPECT STUFF THAT BELONGS TO OTHERS**
- **CLEAN UP AFTER MYSELF IN THE VEHICLES**
- **LIMIT MY PUBLIC DISPLAYS OF AFFECTION TO HAND HOLDING**
- **STAY WITHIN THE GROUNDS AT ALL TIMES—NO EXITING THE BUILDINGS WITHOUT AN ADULT CHAPERONE**
- **FOLLOW THE RULES OF THE RESPECTIVE ESTABLISHMENTS**
- **PARTICIPATE IN THE YOUTH RALLY**
  - **MEET TOGETHER FOR THE SPEAKER**
- **REFRAIN FROM USING “SWEAR” LANGUAGE**
- **REFRAIN FROM USING TOBACCO, DRUGS OR ALCOHOL**
- **REFRAIN FROM ANY ILLEGAL, IMMORAL OR IMPROPER BEHAVIOR**

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(STUDENTS SIGNATURE)

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(DATE)

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(PRINTED NAME)

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

<b>Participant #:</b>	<b>First Name (Print)</b>	<b>Last Name (Print)</b>	<b>Birthdate</b>
Participant 1:			
Participant 2:			
Participant 3:			
Participant 4:			

In consideration for gaining access to and use of Launch Trampoline Park, LLC (d/b/a Launch Trampoline Park), a Colorado 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, trampoline-related physical activities, and the use of inflatable "bounce houses", 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 trampolines and 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 gross 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 certify I am the parent or legal guardian of any Minor Participant listed in this Agreement or have been granted power of attorney to execute this Agreement on behalf of a parent or legal guardian of such Minor Participant. In the event I do not have the authority to execute this Agreement on behalf of another, I agree I shall be solely liable for any and all resulting claims, actions, penalties, causes of action, services, fees, or similar expense.

\_\_\_\_\_  
Adult Participant's Signature or Signature of Parent/Guardian of Minor Participant(s)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date

Please provide the following information for Adult Participant or Parent/Guardian of Minor Participant(s) (Please Print):

First Name:	Last Name:	Birthdate:	
Street Address:	City:	State:	Zip:
Primary Phone Number:	Email Address:		
Emergency Contact:	Contact Phone Number:		

Please check box if you would like to receive email discounts and promotions at the above email address.

Agreement accepted by: \_\_\_\_\_ (LTP Employee)

## PARENT'S INFORMATION SHEET

**EVENT:** Word Of Life REVERB 2019

**DATE:** FRIDAY, November 22<sup>nd</sup> – SATURDAY, November 23<sup>rd</sup>, 2019

**TIME:** 5:00 p.m. November 22<sup>nd</sup> – 7:30 – 8:00 a.m. November 23<sup>rd</sup>

**DESCRIPTION:** Word Of Life REVERB is an exciting, overnight event held in Providence, Rhode Island. We will begin our night at the Providence Civic Center (the Dunkin Donuts Center) for an AHL hockey game (P-Bruins vs. Bridgeport Sound Tigers). Immediately following the game, will be a youth rally with games and hundreds of prizes, and a featured speaker. At approximately midnight, the group will travel to our first activity (either bowling, rollerskating/blading or indoor gym/obstacles) and all-you-can-eat pizza and soda. At approximately three o'clock in the morning our group will travel to our second activity (one of the others previously mentioned). And at six o'clock in the morning we will head home to the Cape. Two activities are assigned to us by WOL and will be assigned/announced @ the event.

**WHAT TO BRING:** \$55 (if signed up on/before 11/3) or \$62 (on/after 11/4)  
Spending \$\$ for Dunkin' Donuts or a soda/water on the road, and food/souvenirs at the Civic Center  
Permission Slip—*no slip, no trip*  
WOL Waiver—no waiver, no favor (corny I know...)  
REVERB Youth Covenant

**DEPARTURE:** 5:00 p.m. Friday, November 22<sup>nd</sup> from **Gallo Ice Arena** (231 Sandwich Road, Buzzards Bay)—**please be here by 4:45 p.m.**

**RETURN/PICK-UP:** 7:30 – 8:00 a.m., Saturday, November 23<sup>rd</sup> at **Gallo Ice Arena.**

***NOTE:*** *Due to the length of the event and the number of hours our chaperones are awake and on the road, there will be no picking up or dropping off participants at their homes.*

**CELL PHONE NUMBER TO REACH THE GROUP DURING THE EVENT:**

TIM ROGERS                      508-274-9645  
\*additional numbers available upon request

**FOR MORE INFORMATION:** Contact Pastor Tim Rogers at Falmouth Baptist Church (office) (508)548-3260 or at (mobile) (508)274-9645.