**SUMMER CAMP**

**HOWELL TOWNSHIP REC CAMP: JULY 3 - AUGUST 4, 2017: 8:30 AM – 2:30 PM**

**MUST REGISTER THROUGH TOWNSHIP**

District School Child Attends: __________________________ Summer Recreation Camp Site: __________________________

PAL Program(s) Selected: Before Rec Camp: 7:00-8:30 AM: _______ After Rec Camp: 2:30-6:00 PM: _______

**AUGUST 2017: PAL SOUTHARD SCHOOL CAMP: AUGUST 7 – SEPTEMBER 1, 2017**

Program(s) Selected: August Camp: 8:30AM-2:30PM _______ OR Extended Hours 7:00AM-6:00PM _______

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**Notes:**

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**CHILD'S INFORMATION:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Child's Street Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
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Sex

<table>
<thead>
<tr>
<th>Shirt Size:</th>
<th>Email Address</th>
<th>Permission to Photograph Child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth:</td>
<td></td>
<td>YES □ NO □</td>
</tr>
</tbody>
</table>

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**PARENT / GUARDIAN INFORMATION: PARENT / GUARDIAN #1**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Emergency Contact</th>
<th>Authorized To Pick Up</th>
<th>Lives With Child</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Home Phone
Mobile Phone
Work Phone

<table>
<thead>
<tr>
<th>Personal Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Employer Name
Employer Address

<table>
<thead>
<tr>
<th>Work Email Address</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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**PARENT / GUARDIAN #2 INFORMATION:**

Is Parent #2 allowed to change child's schedule/data: Yes ______ No ______

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Emergency Contact</th>
<th>Authorized To Pick Up</th>
<th>Lives With Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Home Phone
Mobile Phone
Work Phone

<table>
<thead>
<tr>
<th>Personal Email Address</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Employer Name
Employer Address

<table>
<thead>
<tr>
<th>Work Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
CHILD PICK-UP RESTRICTIONS:

Please describe any restrictions regarding pick-up of your child from our programs. Any applicable Restraining Order or Court Order must be on file with the Howell Police Athletic League Main Office to complete registration of your child. Please fax, email or personally deliver all applicable information to our PAL Main Office indicating your child's name on the cover sheet.

Pick-Up Restriction:

PHYSICIAN INFORMATION:

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Address</td>
<td>Town, State, Zip Code</td>
</tr>
</tbody>
</table>

INSURANCE INFORMATION:

<table>
<thead>
<tr>
<th>Insurance Carrier Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Town, State, Zip Code</td>
</tr>
</tbody>
</table>

Company ID # | Policy # | Group # |

ADDITIONAL INFORMATION:

| Allergies |
| Medications |
| Other Information |

PARENT / GUARDIAN AUTHORIZATION: PLEASE INITIAL NEXT TO EACH NUMBER BELOW.

1. Please enroll my child for the period beginning as indicated on the front of this application. I understand my child will remain in Howell PAL during the time period reserved for him/her.

2. I authorize Howell PAL to utilize pictures of my child in their advertisements.

3. I state that we are the parent/guardians having legal custody of the above child and attest that the information herein contained is completely accurate.

4. I authorize the Director or the Director's designee of the above childcare center to obtain emergency treatment for my child. I further consent to an x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

5. I also recognize and understand that the use of any equipment and/or my child's participation in any activity sponsored by the Howell Township Police Athletic League will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject my child to physical injury serious or otherwise. As such, I will not hold the Howell PAL, its members, coaching staff, volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Howell PAL with a medical certification form from my child's doctor attesting to my child's physical ability to participate in certain activities requiring notification.

6. By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.

PARENT / GUARDIAN SIGNATURE:  

DATE:  

(PAL OFFICE USE ONLY)

CASH:  
CHECK:  
ACH:  
AMOUNT:  
RECEIVED BY:  

2/21/17 (HD)
2017 Summer Camp
Payment Acknowledgement Form

Tuition Fee:
- The registering parent/guardian is responsible for full payment of the summer camp tuition at time of registration.
- The summer camp tuition rate will be in accordance with the childcare program selected and attendance selected on the PAL Registration and/or subsequent PAL Change of Schedule Forms.
- Monthly tuition payments can be made by cash, check, credit card or automatic clearing house (ACH). You must fill out an “Billing Authorization Form” at the time of registration in order for your child to be officially enrolled.

Tuition Calculation:
- Refunds or credits are not given for sick days or absenteeism, except for an extended illness which may require a physician note.
- NOTE: Tuition discounts are given for multiple siblings enrolled in a PAL summer camp program. Please contact the PAL Main Office for pricing information concerning multiple siblings.

Additional Fees:
- Late Pick-Up Fee: $10 will be charged for first 15 minutes past scheduled end time of camp; $1 will be charged for each additional minute thereafter. All late fees will be billed shortly after the late pick-up date.

Schedule and Billing Changes:
- IMPORTANT: All Schedule & Billing information additions and/or changes must be submitted in writing to the PAL Main Office by one of the following methods:
  - Email: info@howellpal.org
  - Fax: 732-919-1212
  - Mail: Howell PAL, PO Box 713, Howell, NJ 07731
  - In Person: The PAL Main Office is located within the Southard Community Enrichment Center, 115 Kent Road, Howell, NJ.
- PLEASE NOTE: Verbal communication will not be considered an official request and will not be processed until the PAL Main Office receives the request by one of the above methods.
- Scheduling & Billing additions and/or changes are not official until after you receive a written acknowledgement (via email or hard copy receipt) from the PAL Main Office.
- Do not submit change requests to PAL staff at the Summer Camp Sites. Notifications not submitted appropriately to the PAL Main Office will not be considered an official request and will not be recognized or processed. You will continue to be billed based on the information previously submitted in writing to the PAL Main Office.
- Scheduling & Billing additions and/or changes require two days to process.

Refunds and/or Credits:
- Terminating Clients: The PAL requires a two-week notice to terminate enrollment.
  - Refunds will not be issued for any days not used within that two-week period.
  - Termination refunds require 2 weeks to process.
- IMPORTANT: Under no circumstances will a refund or credit be given for non-attendance if the Main PAL Office is notified after the period of non-attendance.

Parent or Guardian: Print Name    Parent or Guardian: Signature    Date

2/21/17 (HD)
2017 PAL Summer Camp
Automatic Billing Authorization Form

Terms & Conditions

- As indicated below, I hereby authorize Howell Township Police Athletic League at time of registration to initiate a debit to either my checking/savings account or to my credit card for full payment of the 2017 Summer Camp program(s).
- The amount of the debit will be in accordance with the program(s) selected on the signed Summer Camp registration form that I have submitted and the published Summer Camp rate schedule.
- I understand that all other incurred fees will be debited either to my checking/savings account or to my credit card upon request and scheduling of service or shortly after the use of service, whichever comes first.
- I further authorize Howell Township Police Athletic League to initiate entries to my checking/savings account or to my credit card for any transactions credited/debited in error.
- I acknowledge that the Howell Township Police Athletic League is not responsible for providing advanced or subsequent notification of any transaction initiated to my financial account due to a prior billing error.
- Tuition not received 10 days after the payment due date is considered delinquent and a $25.00 late fee will be charged. Thereafter, additional $25.00 late fees will be assessed each subsequent month that the account remains delinquent. Any collection and/or legal fees required to collect delinquent payments will be at the expense of the parent/guardian.
- Payments returned for insufficient funds, invalid account or other "issuer declined" reasons are subject to a $25.00 processing fee.

ACH Authorization

Name of Financial Institution

Financial Institution Routing Number

Checking Account # __________________________ (or) Savings Account # __________________________

Account Holder Name

Account Holder Address

Signature __________________________ Date __________

Credit Card Authorization

Circle the applicable card type: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Name on Credit Card __________________________

Billing Address __________________________

Credit Card # __________________________ Expiration Date __________________________

Signature __________________________ Date __________
2017 PAL Summer Camp
Check or Cash Billing Authorization Form

Terms & Conditions

- I hereby agree to pay to Howell Township Police Athletic League, by check or cash, the full 2017 Summer Camp tuition fee at time of registration.

- The amount of the payment will be in accordance with the program(s) selected on the signed Summer Camp registration form that I have submitted and the published Summer Camp rate schedule.

- I also agree to immediately pay Howell Township Police Athletic League, by cash or by check, all other fees incurred upon the request and scheduling of additional services or the use of additional services, whichever comes first.

- I understand that all late pick-up fees are billed shortly after the late pick-up date and payment, by check or cash, are due immediately upon the billing.

- Tuition not received 10 days after the payment due date is considered delinquent and a $25.00 late fee will be charged. Thereafter, additional $25.00 late fees will be assessed each subsequent month that the account remains delinquent. Any collection and/or legal fees required to collect delinquent payments will be at the expense of the parent/guardian.

- A $25.00 fee will be charged for any check returned for insufficient funds.

Parent or Guardian (Print Name)  Parent or Guardian Signature  Date
## Howell PAL Summer Camp 2017

Come join the fun!

![Sun with sunglasses](image)

### August 2017

(*) Means there is an additional cost

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>7*</td>
<td>8*</td>
<td>9</td>
<td>10*</td>
<td>11*</td>
</tr>
<tr>
<td>Ice Cream Truck</td>
<td>Candlewood</td>
<td>Crafts with Miss. Donna!</td>
<td>Sky-zone</td>
<td>Pizza &amp; movie day</td>
</tr>
<tr>
<td>Welcome Camp Kickoff with DJ Greg!</td>
<td>Destination Imagination</td>
<td></td>
<td></td>
<td>Bring your favorite board game!</td>
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<tr>
<td><strong>Week 2</strong> Environment Week</td>
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<tr>
<td>14*</td>
<td>15*</td>
<td>16</td>
<td>17*</td>
<td>18*</td>
</tr>
<tr>
<td>Ice Cream Truck</td>
<td>Cosmic Bowling</td>
<td>Crafts with Miss. Donna!</td>
<td>Howell Pointe</td>
<td>Pizza &amp; movie day</td>
</tr>
<tr>
<td>Nature walk</td>
<td>Baking with Miss. Jasmin</td>
<td>Plant your own seedling!</td>
<td>Water balloon battle</td>
<td>Mad science</td>
</tr>
<tr>
<td>Tree trunk craft</td>
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<tr>
<td><strong>Week 3</strong> Movie Week</td>
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<tr>
<td>21*</td>
<td>22*</td>
<td>23</td>
<td>24*</td>
<td>25*</td>
</tr>
<tr>
<td>Ice Cream Truck</td>
<td>The Lizard Guy!</td>
<td>Crafts with Miss. Donna!</td>
<td>Monster Golf</td>
<td>Pizza, Movie, &amp; LEGO Day</td>
</tr>
<tr>
<td>Star Wars Day</td>
<td>Secret Life of Pets Day!</td>
<td>Power Rangers Day</td>
<td>Trolls Day</td>
<td>&quot;Wear your hair crazy!&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&quot;Wear your hair crazy!&quot;</td>
<td></td>
</tr>
<tr>
<td><strong>Week 4</strong> Celebration Week</td>
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<tr>
<td>28*</td>
<td>29*</td>
<td>30</td>
<td>31*</td>
<td>1</td>
</tr>
<tr>
<td>Ice Cream Truck</td>
<td>Gravity Vault</td>
<td>Crafts with Miss. Donna!</td>
<td>OMG Myo</td>
<td>Last day of camp!</td>
</tr>
<tr>
<td>Celebrate Law Enforcement day!</td>
<td></td>
<td>Celebrate Military day!</td>
<td>Halloween Costume contest</td>
<td>Color Run DJ Greg</td>
</tr>
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</table>
Dear Parents/Guardians:

We are so excited for this summer! We are going to have a great time with some new activities and new trips! In order to prepare you and your children for all this fun, here are a few tips:

Please send your children with anything that can keep them more comfortable in the hot weather (ex: sunscreen, extra clothes, sunglasses, extra drinks, etc.)

Bring your child in with bagged lunch/snacks for the day.

The Ice Truck will be coming every Monday. Please send your child in with $2.00 the day of or you can prepay for your child’s ice. ($8.00 pays for all of August)

Pizza day will be every Friday. Each slice of pizza is $2.00. You may pay for as many as you would like. You are also able to pre-pay the pizza cost. ($8.00 pays for 1 slice per Friday, for all of August)

We will be going on trips almost every Tuesday and Thursday. Please make sure you return the signed permission slip packet at time of registration with payment. **Signed permission slips will be accepted no later than the Friday of the week before.** All trips are scheduled for a specific time. **Children attending must be here on time.** The bus will leave promptly on schedule. If your child is not here at the scheduled time the bus is to leave, he/she will not attend the trip and there will be no refund given.

Cancellations must be given no later than one week prior to the trip. There is ABSOLUTELY NO REFUNDS for cancellations made after a week before.

**All payments for trips must be made in cash or check to the Howell PAL.**

Attached you will find the calendar for the month of August, bounce house release form and permission slip packet for field trips. **On the day of the field trips, please send your child in their PAL T-Shirt.**

We look forward to having a fun filled safe summer! If you have ANY questions, call our office at (732)-919-2825

Thank you,
Howell PAL
(Child's full name) - ____________________________ has permission to attend the following Field Trips during the month of August, so long as a parent/guardian provides signed approval (per trip), and submits a cash/check payment.

**Candlewood Swim Club Field Trip:** Yes____ No ____

Date of trip: August 8th, 2017  
Location: Candlewood Swim Club  
Cost: $7.00  
Means of Transportation: District Bussing  
Leave School: 9:15 AM  
Arrive back at school: 11:45 PM  
Parent/Guardian: ____________________________ Date: ________________

**Sky Zone Field Trip:** Yes____ No ____

**REQUIRES A WAIVER** (attached)

Date of trip: August 10th, 2017  
Location: 1001 New Hampshire Ave, Lakewood NJ  
Cost: $18.00  
Means of Transportation: District Bussing  
Leave School: 9:15 AM  
Arrive back at school: 12:00 PM  
Parent/Guardian: ____________________________ Date: ________________

**Cosmic Bowling Field Trip:** Yes____ No ____

Date of trip: August 15th, 2017  
Location: Howell Lanes  
Cost: $5.00  
Means of Transportation: District Bussing  
Leave School: 8:50 AM  
Arrive back at school: 11:10 AM  
Parent/Guardian: ____________________________ Date: ________________

(PAL Office Use Only)

CHECK _______ CASH _______ AMT _______ RECEIVED BY _______
Howell Pointe Swim Club Field Trip: Yes____ No ____
Date of trip: August 17th, 2017
Cost: $17.00
Leave School: 10:30 AM
Parent/Guardian: ______________________ Date: ______________

Location: 22 Howell Rd, Freehold, NJ 07728
Means of Transportation: District Bussing
Arrive back at school: 2:30 PM

Monster Golf Field Trip: Yes____ No ____
Date of trip: August 22nd, 2017
Cost: $10.00
Leave School: 9:15 AM
Parent/Guardian: ______________________ Date: ______________

Location: 749 Hope Rd, Eatontown, NJ 07724
Means of Transportation: District Bussing
Arrive back at school: 12:45 PM

The Lizard Guy: Yes____ No ____
*Not a field trip, show is held at the Camp*
Date of trip: August 24th, 2017
Cost: $7.00
Start time: 10:00 AM  End time: 11:00 PM
Parent/Guardian: ______________________ Date: ______________

Location: Howell PAL Camp

(PAL Office Use Only)
CHECK _______ CASH _______ AMT _______ RECEIVED BY _______
Gravity Vault Field Trip: Yes____ No ____

**REQUIRES A WAIVER** (attached)

Date of trip: August 29th, 2017  Location: 37 Kanes Lane, Middletown, NJ 07748
Cost: $22.00  Means of Transportation: District Bussing
Leave School: 9:00 AM  Arrive back at school: 12:30 PM
Parent/Guardian: ___________________________ Date: ________________

OMG MYO Pizza Field Trip: Yes____ No ____

*Includes 1 pizza with up to 4 toppings*

Date of trip: August 31st, 2017  Location: 4745 U.S. 9, Howell, NJ 07731
Cost: $7.00  Means of Transportation: District Bussing
Leave School: 10:50 am  Arrive back at school: 1:10 pm
Parent/Guardian: ___________________________ Date: ________________

*** Please remember your child is NOT registered for a trip until payment is received. ***

**IN ORDER TO RECEIVE A REFUND FOR A TRIP, YOU MUST GIVE AT LEAST 1 WEEKS NOTICE. NO REFUNDS WILL BE GIVEN FOR LESS THAN 1 WEEKS NOTICE, NO EXCEPTIONS**
Join us on our last day of PAL Summer Camp for The Color Run!

Cost: $10

*All color is washable. The color sprayed throughout the run is food coloring mixed with water. The color at the end of the run is cornstarch mixed with food coloring. If you have any concern about the coloring, please don’t hesitate to call Megan at the PAL Main office (732-919-2825).*

I, (parent/guardian)__________________________ give permission for my child (child)__________________________, to attend and participate the PAL Color Run on September 1st, 2016. I understand this will be held outdoors, and will send my child in the appropriate wear, with plenty of water and sunscreen.

Please turn in NO LATER THAN August 16th!!

(PAL Office Use Only)

<table>
<thead>
<tr>
<th>Check</th>
<th>Cash</th>
<th>ACH</th>
<th>AMT</th>
<th>Received BY</th>
</tr>
</thead>
</table>
THE GRAVITY VAULT INDOOR ROCK GYMS
TERMS OF GYM USE AND WAIVER AND RELEASE OF CLAIMS AGREEMENT

Shore Rocks LLC dba The Gravity Vault
37 Kanes Lane, Middletown NJ 07748
732.856.9599

Date____/____/____

Name of Climber_________________________ Date of Birth ____/____/____

AGREEMENT (1) FOR ACKNOWLEDGMENT OF RISK, (2) FOR WAIVER, DISCLAIMER, AND
RELEASE OF LIABILITY, (3) NOT TO SUE AND (4) FOR INDEMNITY

I, on behalf of myself (or if signing on behalf of a child or children, on behalf of such child or children)
and on behalf of my (or my minor's) heirs, personal representatives, spouse, next of kin, successors
and assigns, hereby understand, acknowledge, and voluntarily agree with The Gravity Vault, LLC, its
shareholders, members, owners, officers, directors, employees, agents, contractors, insurers and/or
landlords, and each of their respective successors and
assigns (hereinafter collectively the "GYM") as follows:

CLIMBING IS AN INHERENTLY HAZARDOUS AND DANGEROUS ACTIVITY AND INVOLVES
BOTH INHERENT AND EXTRINSIC, AND BOTH NATURAL AND ARTIFICIAL RISKS THAT MAY
RESULT IN ALL MANNER OF HARM, LOSS, DAMAGE, PROPERTY DAMAGE, SERIOUS
PERSONAL INJURIES, OR DEATH TO ME AND/OR OTHERS FROM, FOR EXAMPLE, (a) FALLS
FROM THE CLIMBING SURFACE ONTO THE FLOOR, ROCK SURFACE, PROJECTIONS OR
OTHER OBJECTS, (b) FALLING ONTO OTHERS PRESENT, (c) CLIMBERS OR OTHER OBJECTS
(SUCH AS ROPES, HOLDS OR HARDWARE) FALLING ONTO ME, (d) IMPROPER USE,
INSTALLATION OR MAINTENANCE OF GEAR, EQUIPMENT AND/OR APPARATUS, (e) GEAR
AND EQUIPMENT DEFECTS OR MALFUNCTION, (f) FAILURE TO FOLLOW PROPER CLIMBING
AND/OR BELAY PROCEDURES, (g) IMPROPER OR INSUFFICIENT TRAINING, SUPERVISION
AND/OR INSTRUCTION, (h) ROPE ABRASION AND/OR ENTANGLEMENT, (i) CUTS AND
ABRASIONS RESULTING FROM SKIN CONTACT WITH THE CLIMBING WALL, AND (j) FAILURE
OF ROPES, SLINGS, BOLTS, CHAINS, CLIMBING HARDWARE, ANCHOR POINTS, OR ANY
PART OF THE CLIMBING WALL STRUCTURE. I fully and completely acknowledge that the above
list and descriptions are not all of the risks associated with use of and presence in the GYM, and that
the above list in no way limits the extent or scope of this Agreement.

My presence in and use of the GYM facilities is entirely voluntarily and with a complete and full
understanding that any and all such usage, including, but not limited to climbing, is entirely voluntary
and with a complete and full understanding that any and all such usage involves all manner of
hazards and dangers. I ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY HARM, LOSS,
DAMAGE, PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH TO ME OR OTHERS
RESULTING FROM, ARISING OUT OF, OR ANY WAY IN RELATION TO MY USE OF OR
PRESENCE IN THE GYM'S FACILITIES, GEAR, EQUIPMENT, CLIMBING WALLS AND
APPARATUS.

I have an obligation and responsibility to myself, as well as to other users of the GYM to conduct
myself in a safe manner. I will not use the GYM while under the influence of drugs or alcohol or while
suffering from or experiencing any other condition that might impair me.

I acknowledge and agree that I should consult with my physician before climbing. Factors unknown to
me may have an adverse effect on my physical well-being, including death. I have been made fully
aware of the Gravity Vault’s recommendation to inform my physician that I am planning on climbing at an indoor rock gym. I fully accept all responsibility for my health and any resultant injury or incident that may affect my well-being or health in any way. I represent and warrant to The Gravity Vault that I do not have any physical or psychological condition that would prevent me from using the Gym in the manner contemplated by The Gravity Vault or that would otherwise pose a risk to me or others.

I HEREBY WAIVE, RELEASE, AND DISCHARGE FOREVER, THE GYM FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR CAUSES OF ACTION WHATSOEVER, FOR ANY HARM, LOSS, DAMAGE, PROPERTY DAMAGE, PERSONAL INJURIES OR DEATH, DUE TO ANY NEGLIGENCE, GROSS NEGLIGENCE, OR ANY OTHER CAUSE (INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE GYM, OR ITS EMPLOYEES, CONTRACTORS OR AGENTS, OR OTHERWISE) RESULTING FROM, ARISING OUT OF, OR IN CONNECTION WITH MY PRESENCE IN OR USE OF THE GYM.

I HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE GYM, FROM AND AGAINST ANY CLAIM, CAUSE OF ACTION, LIABILITY OR JUDGMENT RESULTING FROM, ARISING OUT OF, OR IN CONNECTION WITH MY PRESENCE IN AND/OR USE OF THE GYM, ITS FACILITIES, GEAR, EQUIPMENT, OR APPARATUSES.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AND ANY OF MY CHILDREN WHO I AM SIGNING FOR SHALL HAVE (a) NO CLAIMS WHATSOEVER AGAINST, (b) HAVE NO RIGHT TO SUE, AND (c) HAVE NO RIGHT TO RECOVER ANY DAMAGES OR OTHER COMPENSATION FROM THE GYM.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE FULLY READ THIS AGREEMENT, AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS. I FULLY UNDERSTAND EACH AND EVERY TERM. I AM VOLUNTARILY EXECUTING THIS AGREEMENT. I FURTHER UNDERSTAND THAT THIS AGREEMENT HAS NO EXPIRATION DATE.

AGreed and Accepted:

Climber’s Signature: ___________________________ Date: __/__/__

If under 18, signature of a parent or legal guardian is also required.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE SIGNED CHILD AND CAN AUTHORIZE THE RELEASE OF LIABILITY FOR THIS CHILD.

PRINT Parent/legal guardian name: ____________________________ (Initial)

Relationship: ____________________________

Signature: ____________________________ Date: __/__/__

Emergency Contact Name Relationship Phone

_________________________ ____________________________ ( ) ______-________
in consideration and as a condition for gaining access to 2001 New Hampshire Ave Suite A Lakewood, NJ 08720, (the "Location") and allowing my participation in or viewing of trampoline games or activities and engaging the services of Backcountry Adventure Group, Inc. any other person or entity within the state of New Jersey, NJ or Sky Zone Indoor Trampoline Park, 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 “SZIPT”), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

(Initial Here) 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 in this Agreement. Henceforth, except for the age limitation in the Waiver of Liability, and Agreement to Indemnify section below, the terms “I,” “my,” “me,” and “myself” shall refer to myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers.

(Initial Here) I have had sufficient opportunity to read this entire document. I understand this Agreement and I voluntarily agree to be bound by its terms. I understand that the Agreement waives certain rights that I have in exchange for permission to gain access to the Location. I agree and acknowledge that the rights I am waiving in exchange for permission to gain access to the Location include but may not be limited to the following:

(a) the right to sue SZIPT in a court of law;
(b) the right to a trial by judge or jury;
(c) the right to claim money from SZIPT for accidents causing injury within the scope of the risk assumed by myself;
(d) the right to claim money from SZIPT for accidents causing injury unless SZIPT committed acts of gross negligence or willful and wanton misconduct; and
(e) the right to file a claim against SZIPT if I waiv one year or more than one year from the date of this Agreement.

Assumption of Risk Acknowledgment

(Initial Here) I acknowledge that my participation in SZIPT 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 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 posed by my participation in or viewing of SZIPT trampoline games or activities.

My participation in this activity is purely voluntary and I elect to participate in spite of the risks. If I am injured, I acknowledge that I 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 expenses. I certify that I am 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 may have.

I acknowledge that I have read and understand the rules posted and displayed at the Location, (the “SZIPT Rules”) governing my participation in any activities. I certify that I have read and adequately explained the SZIPT Rules to anyone listed in this Agreement who is unable to read the SZIPT Rules. I understand that the rules have not been implemented for the safety of all guests at the Location, including myself. I acknowledge that failure to follow the rules could result in my expulsion from the Location. Notwithstanding, I understand that the trampoline games or activities are fast moving and high-energy activities. I, therefore, understand and acknowledge that the posting and/or displaying of the SZIPT Rules is not a guarantee that other guests will follow the SZIPT Rules. I understand and acknowledge that due to the fast moving and high-energy nature of the trampoline games or activities, I am assuming the risk of injury should myself or another guest fail to follow the SZIPT Rules.

Waiver of Trial, and Agreement to Arbitrate

(Initial Here) IF I AM INJURED AND WANT TO MAKE A CLAIM AND/OR IF THERE ARE ANY DISPUTES REGARDING THIS AGREEMENT, I HEREBY WAIVE ANY RIGHT I HAVE TO A TRIAL IN A COURT OF LAW BEFORE A JUDGE AND JURY. I AGREE THAT SUCH DISPUTE SHALL BE BROUGHT WITHIN ONE YEAR OF THE DATE OF THIS AGREEMENT AND MAY 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 NEW JERSEY AND THAT THE SUBSTANTIVE LAW OF NEW JERSEY SHALL APPLY. I ACKNOWLEDGE THAT IF I WANT TO MAKE A CLAIM AGAINST SZIPT, I MUST FILE A CLAIM BEFORE JAMS WITH JAMS WWW.JAMSADR.COM.

To the extent that any claim I have against SZIPT has not been released or waived by this Agreement, I acknowledge that I have agreed that my sole remedy is arbitration such claim, and that such claim may only be brought against SZIPT in accordance with the above Waiver of Trial, and Agreement to Arbitrate.

If, despite my express agreement to arbitrate any claims of injury and/or disputes regarding this agreement, I file or otherwise initiate a lawsuit against SZIPT, I agree to pay within 60 days liquidated damages in the amount of $5,000 to SZIPT. Should I fail to pay this liquidated damages amount within the 60 day time period provided by this Agreement, I further agree to pay interest on the $5,000 amount calculated at 12% per annum.

Pre-Injury Waiver of Liability, and Agreement to Indemnify

(Initial Here) The following Waiver of Liability, and Agreement to Indemnify shall apply to any persons eighteen (18) years-old or older. I UNDERSTAND AND AGREE THAT SZIPT WILL NOT PAY FOR ANY COST OR EXPENSES INCURRED BY ME IF I AM INJURED UNLESS SUCH INJURY WAS CAUSED BY GREATER THAN ORDINARY NEGLIGENCE OF SZIPT. In consideration and as a condition of SZIPT allowing my participation in or viewing of trampoline games or activities, I agree to hold harmless, release and discharge SZIPT and from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to SZIPT’s ordinary negligence and I further agree that in the event of SZIPT’s gross negligence or willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against SZIPT for any economic and non-economic losses due to bodily injury, death, property damage sustained by myself that are in any way associated with (a) SZIPT trampoline games or activities, (b) use of all amenities and equipment at the Location and/or participation in any activity, (c) the hidden and unforeseen malfunctioning of any amenities and equipment, (d) SZIPT’s instruction, training, supervision, enforcement of SZIPT Rules, or recommendations, to or of any persons on the premises, including myself, any invitees at the Location, other guests, other participants, and SZIPT employees and agents. (e) SZIPT’s failure to provide instruction, training, supervision, enforcement of SZIPT Rules, or recommendations, to or of any
Should SZITP or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Waiver of Liability and Agreement to Indemnify, I agree to indemnify and hold them harmless for all such fees and costs. I acknowledge that I have carefully read this Waiver of Liability, and Agreement to Indemnify and fully understand that it is a release of liability. I expressly agree to release and discharge SZITP, and all affiliates, employees, agents, representatives successors, or assigns, from any and all claims or causes of action and agree to voluntarily give up or waive any right to bring a claim against SZITP for personal injury or property damage to the extend outlined above.

Severability

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.

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**Parent/Legal Guardian/Participant’s Signature (if 18 or older)**

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**Date:**

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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.

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Waiver accepted by ____________________________ (SZITP Employee)
Bounce House
Activity Consent Form and Approval
For Parent or Legal Guardian

Participant Name: ________________________________

Has approval to participate in the supervised use of a Bounce House at a Howell PAL After Care site. The Bounce House will be used at various times on different days from now until the end of the school year.

Parent/Guardian printed name: ________________________________ Date: __________
Parent/Guardian Signature: ________________________________
Emergency contact number: ________________________________

I understand that participation in this PAL activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in this activity.

I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the PAL from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment.